CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer, Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force 3/29/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

AACo. 5-31 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

92966 E 92966

CERTIFICATE OF DEATH

V 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 West 34th Street St. 13-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie May Cunningham

(a) Residence: No. 849 West 34th Street St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis P. Cunningham

6. DATE OF BIRTH (month, day year) May 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
✓	62	3	18	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME William Dunn

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER

15. MAIDEN NAME Johanna Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Emmit Cunningham
(Address) 849 West 34th Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug. 21 1933

19. UNDERTAKER A. S. Marshall
(Address) 3539 Falls Road

Huntington Mills, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8, 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1933 to Aug 18, 1933

I last saw her alive on Aug 18, 1933 death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the rectum	1 yr ago
Other contributory causes of importance: Toxemia	3 mos. ago

Name of operation Colostomy Lt. Date of 1 yr ago

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Winslow M. D.
(Address) 1900 Mt Royal Ter.

UG 19 1933

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92967

CERTIFICATE OF DEATH

E 92967

V 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 520 Woodlawn Rd (Ward) 24-01

Length of residence in city or town where death occurred 28 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 78 10 18

2. FULL NAME Florence Bird Hyde

(a) Residence: No. 1803 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. F. B. Hyde

6. DATE OF BIRTH (month, day, year): Sept 30 1854

7. AGE: Years 78 | Months 10 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1911

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Edw Bird

14. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

MOTHER

15. MAIDEN NAME: Amelia J Cobb

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Wm. F. B. Hyde-Husband

(Address) 1803 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmt Date: Aug. 19 '33

19. UNDERTAKER: Stewart Mortuary Co

(Address) 108 W. Mt. Ave.

20. FILED: AUG 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from about 4 yrs. ago, 19..., to Aug. 17, 1933

I last saw h.r alive on Aug. 17, 1933. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 mos. ago.
Other contributory causes of importance: arterial sclerosis	2 yrs. ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs and symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Shemwell M. D.

(Address) 3310 Tioga Parkway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92968

CERTIFICATE OF DEATH

V 131 E 92968

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Mason

(a) Residence: No. 1122 Wheatcroft St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: ~~HUSBAND~~ of (or) WIFE of Tyles Mason (Dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

FATHER

13. NAME Hugh Ennis

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Cealis ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 19th 1933

19. UNDERTAKER Thomas E Nelson

(Address)

20. FILED Huntington Williams N.T. Registrar.

AUG 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1933 to Aug 17 1933

I last saw her alive on Aug 17 1933 Death is said to have occurred on the date stated above, at 9 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Hypertension	?
Chronic nephritis	?
Congestive heart failure	1 hr?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I D Magee M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. ALL should be stated EXACTLY. PHYSICIANS should

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92969

CERTIFICATE OF DEATH

23E 92969

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 16-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses Green

(a) Residence: No. 916 N. Gilmor st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Michael Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Glascoe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert Co Date Aug. 19. 1933

19. UNDERTAKER Thomas E Nelson
(Address) 803 Presstman St
Huntington Williams, N.Y.

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933 to August 18, 1933

I last saw h... alive on August 18, 1933 Death is said to have occurred on the date stated above, at 5.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C Shaw M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92970

CERTIFICATE OF DEATH

E 92970
91-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2: FULL NAME Mrs. Kate Sommers

(a) Residence: No. 222 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Sommers

6. DATE OF BIRTH (month, day, year) ? 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jake Yoker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Aug 19, 1933

19. UNDERTAKER F. B. Tebbetts & Son
(Address) 1200 Eutaw St.

Huntington Williams, M.D.
Registrar.

G 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-18-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1933, to 8-18, 1933

I last saw h.. alive on 8-18, 1933 Death is said to have occurred on the date stated above, at 7:4. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	1wk?
Staphylococcus Septicemia	?

Other contributory causes of importance:

Fibrous Pneumonia	4 days
Acute Embolic Nephritis	?

Name of operation None Date of

What test confirmed diagnosis? laboratory, clinical + autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) J. D. Jones M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 92971

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S. Lehigh St., 16-21 Ward)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christian Samuel Weaver

(a) Residence: No. 328 S. Lehigh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Weaver

6. DATE OF BIRTH (month, day, year) April 9, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Poplar Md. County

FATHER

13. NAME David James Weaver

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Heline

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katherine Weaver
(Address) 328 Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 20, 1933

19. UNDERTAKER Fredk. Lassahn
(Address) 790 Belair Road.

20. FILED Aug 19 1933, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1933 to Aug 17, 1933
I last saw him alive on Aug 17, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Lesion	
Other contributory causes of importance:	
Bright's Disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harvey Wall M. D.

(Address) 2411 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 191933

M. D. B. 1268-9

Bertha Parker

E 92972

E 92972

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 35

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Parker.

(a) Residence: No. 617 Chew St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Parker

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Jennie Wallace

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Parker

(Address) Calvert Co, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date 8/19 19 33

19. UNDERTAKER Walter S. Sprigg & Co

(Address) 134 W. Washington St. Hagerstown, Md.

20. FILED 19

Registrar.

AUG 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16 19 33

22. I HEREBY CERTIFY, That I attended deceased from 7/31 19 33 to 8/16 19 35

I last saw her alive on 8/16 19 35 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Salpingitis	2 weeks
	year

Other contributory causes of importance:

Pulmonary embolism

Name of operation Salpingectomy Date of 8/14/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Plunkett M. D.

(Address) Balto City Hosp

V S 3

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-B

Ford

E 92973

HEALTH DEPARTMENT—CITY OF BALTIMORE

92973

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Ford

(a) Residence: No. 1006 S. Sharp St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Newborn.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-16-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Univ Hosp Baltimore Md.

FATHER

13. NAME Willis Ford.

14. BIRTHPLACE (city or town) (State or country) Smithfield Va.

MOTHER

15. MAIDEN NAME Fannie Jennings.

16. BIRTHPLACE (city or town) (State or country) Newport News Va.

17. INFORMANT Willis Ford. (Address) 1006 Sharp St.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cat New York Date 8/19, 1933

19. UNDERTAKER Walter J. Sprigg (Address) 124 W. Franklin St. Baltimore, Md.

AUG 19 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-16-33, 19... to 8-19-33 19...

I last saw her alive on 8-19-33 19. Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8-17-33

Other contributory causes of importance:

Congenital Atelectasis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify —

(Signed) B. W. Dorsett M. D.

(Address) Univ Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 32974

M. D. B. 1268-9

92974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 23-01 Ward)

; Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lavisa Ford.

(a) Residence: No. 1006 S. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Callie Ford

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Newport News Va.

FATHER

13. NAME: Billy Jennings

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Emma Jane

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Moses Jennings
(Address) 1006 S. Sharp Street

18. BURIAL, CREMATION, OR REMOVAL
Place Newport News Va Date 8/19 1933

19. UNDERTAKER: Walter B. Tyler
(Address) 739 W. Hamburg St.

20. FILED AUG 19 1933 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year): 8-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-16-1933 to 8-17-1933

I last saw h alive on 8-17-1933 Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8-14
normal pregnancy 32 wks.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Culture. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Francis Hamm M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92975

CERTIFICATE OF DEATH

E 92975

82-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 9-01 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Danfield Brown

(a) Residence: No. 1841 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Brown
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Logan
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends
(Address) Baltimore City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 8/19/33

19. UNDERTAKER Mrs. George E. Holland
(Address) 1611 Druid Hill Ave

20. FILED Aug 19 1933 Hunting H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933 to Aug 15, 1933
I last saw h. alive on Aug 15, 1933 Death is said to have occurred on the date stated above, at. 8:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Cerebral hemorrhage, left C hemiplegia, right	36 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J P Magill M. D.
(Address) Baltimore City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. 3

AUG 19 1933

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

92976 V 13 E 92976

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1908 Mc Culloh St.; 14-a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mable Baddie

(Residence in Baltimore: No. 1908 Mc Culloh St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April (Month) ..... (Day) ....., 1882 (Year)

7-AGE, 51 yrs. 4 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Md

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Baddie

(Address) 1908 Mc Culloh

15- AUG 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 17th (Day), 1933 (Year).

17. I HEREBY CERTIFY, That I attended deceased from August 12th 1933, to August 17th 1933, that I saw him alive on August 17th 1933, and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis
Nephritis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cancer of Pancreas

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Geo. H. Saulsenbacher, M. D.

Aug. 17th, 1933. (Address) 2215 N. Monastery Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Calvary

DATE OF BURIAL, Aug 19, 1933

20-UNDERTAKER Mrs. George H. Kolb

ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92977

CERTIFICATE OF DEATH

E 92977

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. ... Ward)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis G. Weiss

(a) Residence: No. Salvation Army St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME William Weiss

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Levi

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date Aug 17, 1933

19. UNDERTAKER Wm. J. Dickson, Balto
(Address)

20. FILED Aug 19 1933 Huntington Ha ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/17, 1933 to 8/17, 1933
I last saw him alive on 8/17, 1933 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Carcinoma of sigmoid	6 mo

Other contributory causes of importance:

Bronchopneumonia	1 day

Name of operation Resection of tumor of 8/16/33

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Wm. L. Canman M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. H. 1265-8

E 92978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 12 1 E 92978

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 1-01 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Robert M. Lyon.

(a) Residence: No. 2901 East Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary J. Lyon, (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21st 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	55	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 025

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store

10. Date deceased last worked at this occupation (month and year) Aug. 3, 1933.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Haverdegrace (State or country) Maryland.

FATHER

13. NAME A. Lincoln Lyon

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Marie Pennington

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mary L. Lyon (wife)
(Address) 2901 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 20, 1933

19. UNDERTAKER Frank V. Pipitone
(Address) 2818 E. Balto St

20. FILED AUG 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1933, to August 17, 1933
I last saw him alive on Aug. 17, 1933 Death is said to have occurred on the date stated above, at 12 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured acute appendicitis	Aug. 5th.
Other contributory causes of importance:	
General peritonitis	Aug. 5-6.

Name of operation Appendectomy Date of Aug. 5th

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Reynold H. Jordan, M. D.
(Address) Church Home & Inf.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 92979

M. D. B. 1268-A

E 92979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH 4600 Bachman Wise Hospital

CITY OF BALTIMORE: (No.) St. 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs John E Ford

(a) Residence: No. 1101 McKean Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Ford

6. DATE OF BIRTH (month, day, year) Unknown 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobt Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Ford.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs Mary Ford.
(Address) 1101 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date 8/21 1933

19. UNDERTAKER John Howard & Son
(Address) 1901 Madison Ave

20. FILED AUG 19 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1933 to Aug. 18 1933

I last saw h[illegible] alive on Aug. 18 1933 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Bronchial Asthma	
Uremia	

Other contributory causes of importance:

Hypertension Cardiovascular Disease	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John K Cozum M.D. M. D.

(Address) 4600 Bachman Wise Hospital

E 92979 WRITE CLEARLY, with ink. ANSWER EACH QUESTION IN ITS PROPER PLACE. Data must be given for every item, or explain why data cannot be obtained. PHYSICIANS should be careful to report all facts relating to the cause of death. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied, so that it may be properly classified. In plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-31 250B

E 92980

Rosalba K. WATTS.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92980

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 12-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 16 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rosalba K. Watts

(a) Residence: No. 2850 No. Charles St. Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1856

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77 yrs.	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Benj. Watts

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary A. Wise

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs. Frank Watts

(Address) 2850 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 21, 1933

19. UNDERTAKER Wm. E. Fuchs & Sons

(Address) North Ave

AUG 19 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933 to Aug. 18, 1933

I last saw h[illegible] alive on Aug 18, 1933 death is said to have occurred on the date stated above, at 12 30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cholecystitis & empyema	
2. Peritonitis	
Other contributory causes of importance:	
Chr. myocarditis	

Name of operation Incision & drainage of abdomen 8/12/33

What test confirmed operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? not so, specify

(Signed) [illegible], M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92981

E 92981

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Wilkens ave 20-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Barnsley Warfield

(a) Residence: No. 3117 Wilkens ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James R Warfield

6. DATE OF BIRTH (month, day, year): Aug 22 - 1884

7. AGE: Years 48 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md Co Md

FATHER

13. NAME: Columbus Barnsley

14. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

MOTHER

15. MAIDEN NAME: Christina Boyer

16. BIRTHPLACE (city or town) (State or country): Georgetown Md

17. INFORMANT (Address): James R Warfield 3117 Wilkens

18. BURIAL, CREMATION, OR REMOVAL: Place Forest Lawn Date Aug 19, 1933

19. UNDERTAKER (Address): W. Fred Smith 1011 Pennsylvania Ave

20. FILED: AUG 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Aug 17, 1933

I last saw her alive on Aug 17, 1933. Death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	Jan. 1932
Other contributory causes of importance:	
Cerebral apoplexy	Aug 13, 1933

Name of operation None performed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92982 CERTIFICATE OF DEATH E 92982

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., 25-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley L. George.

(a) Residence: No. Annapolis Rd. Westport. out side of city St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 27, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8 7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miara, Fla.

FATHER

13. NAME Louis George.

14. BIRTHPLACE (city or town) (State or country) Illinois.

MOTHER

15. MAIDEN NAME Elizabeth Wort.

16. BIRTHPLACE (city or town) (State or country) Wisconsin.

17. INFORMANT Louis George (father)

(Address) Annapolis Rd. Westport.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Aug 19. 1933

19. UNDERTAKER L. J. Ruck

(Address) 5305 Ravenel Rd

20. FILED Aug 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ----------, 19 to ----------, 19

I last saw him alive on ----------, 19 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea, broncho-pneumonia.	
Nephritis.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ----------, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] Coroner, M. D.

(Address) 101 E. Charles St. 8/10/33

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92983 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 92983

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5303 Frances Rd St.) 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur L. Steinacker

(a) Residence: No. 5303 Frances Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Mar

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Julia M. Steinacker

6. DATE OF BIRTH (month, day, year) Feb 9-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Precona de

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakeries

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry W. Steinacker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Selle

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Julia M. Steinacker

(Address) 5303 Frances Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem Date Aug 19 1933

19. UNDERTAKER Leonard J. Ryder

(Address) 5305 Harford Rd

20. FILED ..... 19..... Registrar

Huntington Williams

AUG 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25 1933 to Aug 17 1933

That I saw him alive on Aug 17 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	8/10/33

Other contributory causes of importance:

Valvular murmur
Myocarditis
Nephritis

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Herman G. Vogt M. D.

(Address) 5106 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92984

CERTIFICATE OF DEATH

V E 92984

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. 1600-002

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 da. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Jeanette Snowden

(a) Residence: No. 937 Gladeson St., ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6. DATE OF BIRTH (month, day, year): 8-17-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2 days	-	1 -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Thomas Snowden

14. BIRTHPLACE (city or town) (State or country): Prince Geo. Co

MOTHER

15. MAIDEN NAME: Jeanette E. Williams

16. BIRTHPLACE (city or town) (State or country): Pittsburg

17. INFORMANT: Thomas Snowden
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med College Date Aug 19. 1933

19. UNDERTAKER
(Address)

Filed [illegible] 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-18-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17- 1933 to 8-18- 1933

I last saw him alive on 8-18- 1933. Death is said to have occurred on the date stated above, at 6:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Congestion	8/17/33
Acute Bronchitis	
Other contributory causes of importance:	
Congenital Debility	

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) M. R. Boykins M. D.

(Address) 1512 Gilmor St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 19 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92985

CERTIFICATE OF DEATH

E 92985

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. St. 25-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 11 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Eugene B. Smith.

(a) Residence: No. Hanover A.A.Co. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 11, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

FATHER

13. NAME Harvey Smith.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Thelma Grimm.

16. BIRTHPLACE (city or town) (State or country) W. Virginia.

17. INFORMANT Ernest Riemsnyder. (stepfather)
(Address) Hanover A.A.Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Harmon Md. Date Aug 21 1933

19. UNDERTAKER Wm J. Tuckey & Sons
(Address) North & Eutaw Sts.

20. FILED AUG 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of right thigh.	
Embolism.	

Other contributory causes of importance:

Name of operation Yes. Date of 8/18

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/17/33 19...

Where did injury occur? at his home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at his home.

Manner of injury While playing with pistol

Nature of injury Pistol shot wound of right thigh.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. M. Reinhardt Coroner, M. D.

8/10/33 (Address) 101 E. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 19 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92986

CERTIFICATE OF DEATH

E 92986

205-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George N. Jeffrey.

(a) Residence: No. Dorsey, A.A.Co.Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6. DATE OF BIRTH (month, day, year) January 12, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sub foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.A.Co. Roads

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

FATHER

13. NAME William E. Jeffery.

14. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

MOTHER

15. MAIDEN NAME Virginia Stewart.

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Harry Jeffery. (brother)
(Address) Dorsey, A.A.Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Harmon Md Date Aug 21, 1933

19. UNDERTAKER Wm J. Tickner & Sons
(Address) Main St. Hampden Baltimore, Md

AUG 19 1933

19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.10 p.m.

The principal cause of death and related causes of importance were as follows:

Fractured pelvis, Ruptured Urethra — Date of onset

Other contributory causes of importance:
Shock.

Name of operation Yes Date of 8/18/33

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/18/33
Where did injury occur? Berndale C.C.Co. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, In home, or In public place Public Highway.
Manner of injury Run over by road tractor.
Nature of injury Fractured Pelvis.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. M. Reinhardt Coroner, M. D.
8/10/33 (Address) 101 E. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

VE 92987

92987

178-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Chapel Gate Lane 28-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Eck.

(a) Residence: No. 305 S. Chapel Gate Lane., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX of HUSBAND of XXXXXXX Marie I. Eck.

6. DATE OF BIRTH (month, day, and year) January 22, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry F. Eck.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Marie Schroeder.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Marie I. Eck. (wife)
(Address) 305 S. Chapel Gate Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Aug 19 '33 19

19. UNDERTAKER Joseph B. Call
(Address) 1003 W. Baltimore St.

20. Filed Aug 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide gas Poisoning. — Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/17/33
Where did injury occur? 305 Chapel Gate Lane. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home.
Manner of Injury Gas poisoning.
Nature of Injury Exhaust from automobile

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert Linhard X Coroner M. D.
8/17/33 Address 1015 N. Charles St.

AUG 19 1933

M. D. B. 1268-9

E 92988

92988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr Sister Bukowski

(a) Residence: No. Mount Hope Retreat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 6, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Francis Bukowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Kowalska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa. Date Aug 19, 1933

19. UNDERTAKER John M Weber

(Address) 1401 S. Chester St

20. FILED 19 Registrar

AUG 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931 to Aug. 19, 1933.

I last saw h alive on Aug. 19, 1933. Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo nephritis	2 years
Acute Mesenteric Arthritis	6 wks
Myocarditis with Decompensation	3 mo.

Other contributory causes of importance:

Chronic pancreatitis	
Ulceration of Lung, Lower Mediastinum	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sister Amelia M. D.

(Address) 326 Fred Ave

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E Nugent E 92989

92989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. Y35

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christina Nugent

(a) Residence: No. 923 N. Carlton Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced (or) WIFE of Raymond Nugent

6. DATE OF BIRTH (month, day, year) June 20, 1910

7. AGE: Years 23 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Hastings, Va

FATHER

13. NAME George Hopkins

14. BIRTHPLACE (city or town) (State or country) Hastings, Va

MOTHER

15. MAIDEN NAME Lavinia Robinson

16. BIRTHPLACE (city or town) (State or country) Hastings, Va

17. INFORMANT Balto City Hospitals (Address) Records

18. BURIAL, CREMATION, OR REMOVAL ... Date Aug 22 to 1933

19. UNDERTAKER Elgy Carlson (Address) 1000 Frankfort Ave

20. FILED ... 19... Registrar ... Hastings, Va

AUG 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1933 to Aug 18 1933

I last saw ... alive on Aug 18 1933 Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Salpingitis Bilateral	7/10/33
Salpingitis Bilateral	7/10/33
Other contributory causes of importance: Edema of Labia - Legs	8/10/33

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. L. Cannon, M. D.

(Address) Balto City Hosp.

S 3

WHITE PLATE. WITH CAUTIONS, ETC.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a E 92990

27528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92990

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 10-01 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Young

(a) Residence: No. 1207 St James St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Webster

6. DATE OF BIRTH (month, day, year) 1-15-95

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	38	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NR 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

FATHER

13. NAME Richard Johnson

14. BIRTHPLACE (city or town) (State or country) S. Car

MOTHER

15. MAIDEN NAME Ada Wights

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 20 1933

19. UNDERTAKER Mrs Ida B Saunders
(Address) 1129 N. Caroline
Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to Aug 18, 1933
I last saw her alive on Aug 18, 1933 Death is said to have occurred on the date stated above, at 10 45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung, left.	
? Bronchogenic origin	
? Breast origin (right)	
? Uterine origin	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean A. Clark M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 20 1933

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 32991

Registered No. E 32991

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto. General Hospital (Ward.)
(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rowland E. Reid

(a) Residence: No. 2579 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 14th 1929

7. AGE: Years 4 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER
13. NAME: Rowland E. Reid
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Selma F. Kaufmann
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Rowland E. Reid
(Address) 2579 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Forest Lawn Date: Aug 21st 1933

19. UNDERTAKER: F. B. Shipley Son
(Address) 1300 Eutaw St

20. FILED: Aug 20 1933 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19 ... to ... 19 ...
I last saw h... (alive on August 19 ... 19 ... Death is said to have occurred on the date stated above, at 10.a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/18/1933
Where did injury occur? Franklin St & Whitmore Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Run over by auto truck
Nature of injury while playing in street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph A. Peterson M. D.
Coroner
(Address) 2250 E Madison St

AUG 20 1933

M. D. H. 1268-9

E 92992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92992

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Wilkens Ave. St. 19-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank R. Stier.

(a) Residence: No. 1807 Wilkens Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of XXXXXXXXXX Emma V. Stier.

6. DATE OF BIRTH (month, day, year) April 1, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mrs. Ethel Welbert. (daughter)
(Address) 1807 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 8/21. 1933

19. UNDERTAKER George A. Fuchs
(Address) 1 Eden & Fayette

20. FILED AUG 20 1933 Huntington Williams, M.D. 8/10/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilotation of the heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in **industry**, in **home**, or in **public** place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Ethel Reinhardt M. D.
Coroner

Address 1017 E. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Register E 92993

E 92993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Viola Gallion

(a) Residence: No. 409 S. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gallion

6. DATE OF BIRTH (month, day, year) Aug. 8, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry Stevens

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Peck

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Gallion

(Address) 409 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Ch Date Aug. 21, 1933

19. UNDERTAKER Harry H. Leitzke

(Address) 4101 E. Monument Ave.

AUG 20 1933 Huntington Hollins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1933 to August 18, 1933

I last saw her alive on August 18, 1933 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated duodenal ulcer	8-17-33
Other contributory causes of importance: circulatory failure	

Name of operation none. Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Kaczun M. D.

(Address) Franklin Square Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92994 E 92994

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp 22-01 (Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. Length in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Wm Emmett

(a) Residence: No. Ridgewood Ave St. Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Griffith Emmett

6. DATE OF BIRTH (month, day, year) Dec 3-1884

7. AGE	Years.	Months.	Days.	If LESS than 1 day, hrs. or min.
	48	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Working with Crane

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Robt Emmett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Louise Pole

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Carl Emmett
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 21, 1933

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Ave

AUG 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... I saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Accidental

Emphysema

Cerebral Brain fall

Other contributory causes of importance

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? Hoffman St Tunnel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Tuck Coroner M. D.
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46E 92995

92995

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4401 Belview Av St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Amelia Hirschenhahn

(a) Residence No. 4401 Belview Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widow

5a-If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~late~~ WIFE of Ernest J. Hirschenhahn

6-DATE OF BIRTH (month, day and year) Oct. 9, 1856

7-AGE. 76 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

11- (Informant) Lilly M. Reder

(Address) 4401 Belview Av

13- Filed Huntington Williams, M.D. Registrar.

AUG 29 1933

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 20/1933

17- I HEREBY CERTIFY, That I attended deceased from July, 1928 to Aug 20 1933 that I last saw h. alive on Aug 19, 1933 and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Toxaemia & myocardiac degeneration

secondary Carcinoma

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cancer of Colon

(Duration) yrs. 5 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of O.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M. D.

8/20, 1933 (Address) 7027 Wendover Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Aug 22, 1933

20-UNDERTAKER Jos Syfers

ADDRESS 1600 N. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-5-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32996

91 E 32996

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1831 Westphal Place St. 24-01 Ward)

2-FULL NAME Margaret Mc Mahon

(a) RESIDENCE NO. 1831 Westphal Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Mc Mahon

6 DATE OF BIRTH (month, day, and year): Feb. 27 1861

7 AGE: Years 72 | Months 5 | Days 23 | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Nicholas Kellop

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Apple

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Theresa Md. Sister 1806 Byrd St.

AUG 21 1933

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1933 Aug 20

17 I HEREBY CERTIFY, That I attended deceased from March 1 1933, to Aug 20 1933, that I last saw her alive on Aug 20 1933, and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and anemia subfile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) T. H. Campbell M. D.

Aug 20 1933 (Address) 1647 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery. Date of Burial Aug. 22 1933

20 UNDERTAKER: Margaret E. Flynn ADDRESS 2107 N. Hilton St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Virginia Ziemba

M. D. B. 1260-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

92997 — 191VE 32997

CERTIFICATE OF DEATH

Registered No.: .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Ziemba

(a) Residence: No. 515 S. Regester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec - 31930

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Frank Ziemba

14. BIRTHPLACE (city or town) Balto, Md
(State or country)

MOTHER

15. MAIDEN NAME Clara Cieska

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Frank Ziemba
(Address) 515 S. Regester st

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date August 21 1933

19. UNDERTAKER George J. Weber
(Address) 705 E Lanvale st

20. FILED 1933 Huntington Pitts [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1933 to Aug 18 1933

I last saw her alive on Aug 18 1933 Death is said to have occurred on the date stated above, at 7.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative heat stroke	Aug 18 1933

Other contributory causes of importance:

Name of operation Thoracic ontomy Date of 8/18/33

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Albert J. Hinkfarb M. D.

(Address) Sinai Hospital

Spec.—1-10-21—M&T—1500 Blks.

92998 HEALTH DEPARTMENT—CITY OF BALTIMORE E 92998

CERTIFICATE OF DEATH. 87-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1103 Born ST., Court 18-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Barkley

(a) RESIDENCE NO. 1103 Born ST., Court WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE C. 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 50 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Loyd Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jno H. Barkley 1103 Born Court

15 Filed AUG 27 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 15. 1933. to Aug 18. 1933. that I last saw h alive on Aug 18. 1933. and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Glassman M. D.

Aug 19 1933 (Address) 2682 Riesterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Aug 21 st 1933

20 UNDERTAKER A. Jones ADDRESS 1116 Gilmor St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 92999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92999

216-001

1. PLACE OF DEATH Pronounced Dead at Balto. City Hospitals Registered No.

CITY OF BALTIMORE: (No.) Accident Cor. Mt. Pleasant & Eaton St., (Ward) 16-84

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Pfieffer

(a) Residence: No. 123 S. Eaton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Sept. 27. 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert C. Pfieffer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elsie Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Robert C. Pfieffer (Father)
(Address) 123 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 21. 1933

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore St. & Broadway.

20. FILED Aug. 21 1933 Clinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from ungny . 19 . to . 19

I last saw h alive on ungny . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Accident — Date of onset

Other contributory causes of importance:

Automobile

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8. 19. 1933.

Where did injury occur? Eaton & Mt Pleasant Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Run over by auto

Nature of injury while playing on street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Kkorny M.D. M. D.
Coroner

(Address) 2100 E Madison St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93000 HEALTH DEPARTMENT--CITY OF BALTIMORE E 93000

50 E. 93000

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 S. East Ave. St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lena Keiser

(a) Residence: No. 909 S. East Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Keiser

6. DATE OF BIRTH (month, day, year) Sept. 6. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Carrie Keiser (Daughter)

(Address) 909 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Aug. 21. 1933

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore St. & Broadway.

AUG 21 1933 Huntington Heffinger, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from March - 1933 to Aug 18 - 1933

I last saw her alive on Aug. 18 - 1933. Death is said to have occurred on the date stated above, at 3.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Malig. Dis. Mamma - Hydro } (Metastasis)	Feb 1933
b - Malig. Dis. Lung - }	
Other contributory causes of importance: Cardiac failure + Leak	1 Day

Name of operation None - Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify No

(Signed) Ward Brasse M. D.

(Address) 1255 Broadway -

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 93001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93001

CERTIFICATE OF DEATH.

87-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1601 E. Thirty Third ST.: 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Hentzschel

(a) RESIDENCE. No. 1601 E. Thirty Third ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Hentzschel

6 DATE OF BIRTH (month, day, and year) July 22 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Music Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS:

10 NAME OF FATHER Edward Hentzschel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Alma Hentzschel 1601 E. Thirty Third St.

15 Filed AUG 21 1933 Huntington Williams, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933 to Aug 11, 1933

that I last saw him alive on Aug 9 11, 1933

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) 2 hrs.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. W. Downes, M. D.

Aug 21 1933 (Address) 3136 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Aug 22 1933

20 UNDERTAKER: Frank A. Fink ADDRESS: 916 Gay St

AUG 21 1933

Item 8, (a) should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. Statement of OCCUPATION is very important. See instruc-

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93002 E 93002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 8-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie M. Taylor

(a) Residence: No. 2923 Eldman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roy H. Taylor

6. DATE OF BIRTH (month, day, year) 9/26/1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	40	10	24	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkersburg W. Va.

FATHER

13. NAME Pickering

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Roy H. Taylor
(Address) 2923 Eldman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 8/22/33 19

19. UNDERTAKER George J. Ruth Inc
(Address) 1735 Harlem Ave Balto

AUG 21 1933 Clyde Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-33

22. I HEREBY CERTIFY, That I attended deceased from 7-17-, 19 33 to 8-19, 19 33

I last saw her alive on Aug 19, 19 33 Death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

~~Following Laparotomy~~
~~Laparotomy~~
Carcinoma of Sigmoid
Myocarditis

Date of onset

Other contributory causes of importance:

Following laparotomy
H. developed Surgical Shock

Name of operation Laparotomy Date of 8-18-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Mark E. Sann M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

93003 Naman Hawkins 93003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. (or Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naman Hawkins

(a) Residence: No. 811 N. Fremont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Sadie Hawkins

6. DATE OF BIRTH (month, day, year) May 8, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn Township Co Md.

FATHER

13. NAME Wesley Hawkins

14. BIRTHPLACE (city or town) (State or country) Penn Township Co Md

MOTHER

15. MAIDEN NAME Jane Brogden

16. BIRTHPLACE (city or town) (State or country) Penn Township Co Md.

17. INFORMANT Records Baltimore City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 8/22, 1933

19. UNDERTAKER Leonard B. Hensley
(Address) 528 N. Bradford St.

20. FILED AUG 21 1933 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1933 to August 19, 1933

I last saw ~~him~~ alive on August 19, 1933 Death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, syphilitic aortic insufficiency	?
Congestive heart failure	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magill M. D.

(Address) Baltimore City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93004

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 Evergreen Dok St. 98-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Parker Harbaugh

(a) Residence: No. 3717 Evergreen Dok St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John H Harbaugh

6. DATE OF BIRTH (month, day, year) Aug 16-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Peter Foster

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Mary Ann Bestgen

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs J E Harbaugh

(Address) 3717 Evergreen Dok St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Baltimore Md Date Aug 21 1933

19. UNDERTAKER J Thos Jackson & Sons

(Address) 1711 Pennsylvania Ave

AUG 21 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933 to Aug 19, 1933

I last saw her alive on Aug 19, 1933. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation with Edema of lungs	8/16/33
Other contributory causes of importance: Acute Cerebral embolus Arterio Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Edmunds M. D.

(Address) 1710 Liberty Hts Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 93005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93005

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (Dist. Baltimore City Hosp St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Joseph Dombrowski

(a) Residence: No. 1013 Madison Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Dombrowski (Sept)

6. DATE OF BIRTH (month, day, year) 1883 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Eliza Dombrowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Friends (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Augusch R.C. Date Aug 21, 1933

19. UNDERTAKER [illegible] (Address) Huntington Williams N.Y.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to Aug 15, 1933

I last saw him alive on Aug 15, 1933. Death is said to have occurred on the date stated above, at 11:32 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	5 yrs
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] Magill M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. F. 1268-9

93006 E 93006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 6-E (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Samuel

(a) Residence: No. 1130 N. East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced (or) WIFE of Edward Samuel

6. DATE OF BIRTH (month, day, year) March 23, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Md.

FATHER

13. NAME Robert Gray

14. BIRTHPLACE (city or town) Eastern Shore (State or country) Md.

MOTHER

15. MAIDEN NAME Gray ?

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date Aug 21st 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED Aug 22 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933 to August 18 1933

I last saw her alive on August 18 1933 Death is said to have occurred on the date stated above, at 11:5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroma of Uterus	?
Pneumonia	1 mo.
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Shapiro M. D.

(Address) Balt. City Hospitals

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93007

E 93007 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 76-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Fisher

(a) Residence: No. None St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Leopold Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna ? Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL 8/26/33
Place Maryland of Md Date Aug 27 1933
Lot Sec Line Tier

19. UNDERTAKER [illegible]
(Address) 1407 Baltimore Blvd

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933 to Aug 17, 1933
that I last saw her alive on Aug 17 1933 Death is said to have occurred on the date stated above, at 9:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, General	?
Hypertension	?
Coronary Thrombosis	Terminal

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. P. Magill, M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

$3008

E 93008

82688

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Foster Ave. St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AUGUST MENKE.

(a) Residence: No. 3119 Foster Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Menke.

6. DATE OF BIRTH (month, day, year) Oct. 12 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	74	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Martin Menke

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elizabeth Menke (Wife)
(Address) 3119 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 22. 19 33

19. UNDERTAKER Lilly & Giles Inc.
(Address) 402 W. Lfg. St.

FILED AUG 21 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19 . 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13 . 1933 to Aug. 18 . 1933
I last saw h[illegible] alive on Aug. 18 . 1933 Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/13/33
Arterio-Sclerosis	Unknown

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B. Kelly M. D.

(Address) 2564 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

933009 E 33009

Registered No. 48 in 1933

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Toone St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret D. Smith

(a) Residence: No. 3408 Toone St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Charles F. Smith

6. DATE OF BIRTH (month, day, year): Jan. 28th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	69	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House-Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Dennis Walsh

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Anna White

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: George E. Walsh (nephew)
(Address) 3408 Toone St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Cem. Date: Aug. 22, 1933

19. UNDERTAKER: Lilly & Zeiler Inc.
(Address) 403 S. Broadway St.

20. FILED: Hunter Williams M.D. Registrar.

AUG 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931 to Aug 19, 1933

I last saw her alive on Aug 19, 1933. Death is said to have occurred on the date stated above, at 11:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus with abdominal Metastasis	Two years

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

8/21/33 (Signed) W. B. Litlow M. D.

(Address) 315 S. Highland Ave.

M. D. B. 1268-9

E 93010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93010

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hosp., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victoria Dazd

(a) Residence: No. 2222 E Lee St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Dale John Dazd

6. DATE OF BIRTH (month, day, year) 1867?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Dazd

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Walter Dazd (Son)
(Address) 2117 Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cemetery Date August 24. 1933

19. UNDERTAKER George A Weber
(Address) 701 S Conkling Street - Huntington Woods, Md.

20. FILED AUG 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933 to August 20, 1933
I last saw h alive on August 20, 1933 Death is said to have occurred on the date stated above, at 6 a p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease ?	
Auricular fibrillation	6 mo
Bronchopneumonia	10 day

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J P Magill M. D.

(Address) Baltimore City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 93011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93011

92-007

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4647 Park Heights Ave. Ward)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah A. Chapman

(a) Residence: No. 4647 Park Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius H Chapman

6. DATE OF BIRTH (month, day, year) Oct. 5. 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Windsor Va.

FATHER

13. NAME Mills Godwin

14. BIRTHPLACE (city or town) (State or country) Windsor Va.

MOTHER

15. MAIDEN NAME Mary L. Truden

16. BIRTHPLACE (city or town) (State or country) Windsor Va.

17. INFORMANT T. C. Chapman

(Address) 4647 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Aug. 24 1933

19. UNDERTAKER Sheridan Co. Inc.

(Address) 1217 N. Paul St.

20. FILED Huntington Williams, M.D. Registrar.

AUG 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Aug 20 1933

I last saw her alive on Aug 20th 1933. Death is said to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mitral Endocarditis	Autumn

Other contributory causes of importance:

Senility and Malnutrition } 2 yrs

Name of operation None Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Emory M. D.

(Address) 4936 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-S 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93012

CERTIFICATE OF DEATH

E 93012

1. PLACE OF DEATH Provident Hospital — Registered No. 131

CITY OF BALTIMORE: (No. 1614 Druid Ave St., W. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Carter

(a) Residence: No. 1826 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No Record

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman

10. Date deceased last worked at this occupation (month and year) 8 12 33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma James
(Address) 1826 Mc Culloh Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 8/21/33 19

19. UNDERTAKER Mt. George H. Miller
(Address) 1821 Druid Hill Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 19 33

22. I HEREBY CERTIFY, That I attended deceased from 8 12 33 to 8 19 33

I last saw him alive on 8 19 33 Death is said to have occurred on the date stated above, at 6.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	
Other contributory causes of importance: Uremia Coma Chronic Nephritis	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. H. James M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

AUG 21 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93013

VE 93013

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3908 Bateman Ave. (Ward) 15-11

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

82 11 18

2. FULL NAME Mordecai Tilghman Howard

(a) Residence: No. 3908 Bateman Ave. (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Harriet W. Howard

6. DATE OF BIRTH (month, day, year): Sept 2 1850

7. AGE: Years 82 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): West River Maryland

FATHER

13. NAME: Joseph Howard

14. BIRTHPLACE (city or town) (State or country): A. A. Co. Maryland

MOTHER

15. MAIDEN NAME: Sarah A. Childs

16. BIRTHPLACE (city or town) (State or country): A. A. Co. Maryland

17. INFORMANT: Mrs. Jos. L. Appleby (daughter)

(Address) 3908 Bateman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Aug-24 1933

19. UNDERTAKER: Stewart Mortuary

(Address) 1015 Park Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July - 20, 1933 to Aug - 20, 1933

I last saw him alive on Aug - 20, 1933 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 15
	33
Other contributory causes of importance:	
Cerebral Arterio sclerosis	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion Lee Sloan M. D.

(Address) 806 Fulton Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

AUG 21 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93014

CERTIFICATE OF DEATH

E 93014

1. PLACE OF DEATH Maryland Gen. Hosp. 11-01 188 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Wiley Whitehall, Md.

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Feb. 15, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Wm R. Wiley

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Maude Beach

16. BIRTHPLACE (city or town) (State or country) Galveston Co Tex

17. INFORMANT Hospital chart
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cem. Date Aug 24, 1933

19. UNDERTAKER P. Markline Sons
(Address) White Hall Md

20. Harrington Williams, M.D.
Registrar.

AUG 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1933 to Aug 21 1933

I last saw h.. alive on Aug 21, 1933. Death is said to have occurred on the date stated above, at 1.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	8/19/33

Other contributory causes of importance:
Gas bacillus infection

Name of operation Decompression and removal of fragments Date of 8/19/33

What test confirmed diagnosis? ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/19/33, 19...

Where did injury occur? Whitehall, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Not home

Manner of injury Kicked by horse

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ... Balto. Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93015

CERTIFICATE OF DEATH

E 93015

1. PLACE OF DEATH St. Agnes' Hospital 186-001 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hilkens ? St. Catherine Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Rose Shuler

(a) Residence: No. 2200 Valley ? Ct. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 26, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Aug 22 1933

19. UNDERTAKER Rita Wuderfeld (Address) 914 Druid Park Drive

Huntington Williams, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1933 to Aug 20, 1933

I last saw h-r alive on Aug 20 1933 Death is said to have occurred on the date stated above, at 5 20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Other contributory causes of importance: Fracture of hip (Acc)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) K. M. Tulisz M. D.

(Address) St Agnes Hospital (5200 Nilburn Way)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 21 1933

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93016

CERTIFICATE OF DEATH

23 E 93016

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2718 Guilford Ave. St., 12-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche E. Kelley

(a) Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Kelley

6. DATE OF BIRTH (month, day, year) 1886-10-17

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co.
(State or country) Maryland

FATHER

13. NAME Benjamin F. Hooper

14. BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Eugenia P. Leppo

16. BIRTHPLACE (city or town) Frederick Co.
(State or country) Maryland

17. INFORMANT Ralph L. Kelley
(Address) 2718 Guilford Ave. City.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cemetery Date Aug 23 1933

19. UNDERTAKER C. M. Watts
(Address) Riverside Md

AUG 22 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20-1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1933 to Aug 20 1933
I last saw h alive on Aug 19 1933 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931
d/t Coma	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo. Thompson M. D.

(Address) 4002 25th St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93017

93017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 6-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Simmons

(a) Residence: No. 1117 Hanover Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irvin Simmons

6. DATE OF BIRTH (month, day, year) April 6, 878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Irvin Simmons

14. BIRTHPLACE (city or town) (State or country) Simmons Island Md

MOTHER

15. MAIDEN NAME Sarah Simmons

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Mrs. Irvin Simmons
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug. 23 1933

19. UNDERTAKER Wm. E. Black
(Address) 427 N. Broadway

Filed Aug 22 1933 Huntington Williams 427 Registrar.

AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933 to Aug 19, 1933

I last saw h[illegible] alive on Aug 19, 1933 Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	1932

Other contributory causes of importance:

Myocardial failure	one

Name of operation Exploratory Date of Aug 5

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. D. Dorsey M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93018

93018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 264 S East ave St., 1-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence DiFabio

(a) Residence: No. 264 S. East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Alexander DiFabio

6. DATE OF BIRTH (month, day, year) Aug 21st 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME Frank Comi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Florence Comi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Angelina Scarano

(Address) 3212 Philadelphia Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 22 1933

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Baltimore st

20. FILED 19 Registrar.

AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Aug. 19, 1933

I last saw her alive on Aug. 18, 1933. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of impoitance were as follows:

	Date of onset
Carcinoma, uterus	2

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene L. Pessagno M. D.

(Address) 514 Danny Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

E 93019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Otterbein St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Stewart

(a) Residence: No. 220 Otterbein St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug . 1933

19. UNDERTAKER Elroy C Wilson
(Address) 1000 Pleasant St
Huntington Mutual Ins. Co.

20. FILED AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feller Coroner, M. D.
(Address) 273 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

John W. Ross

HEALTH DEPARTMENT—CITY OF BALTIMORE

93020

CERTIFICATE OF DEATH

154E 93020

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Henry Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ross

(a) Residence: No. 2604 Herman Ave. Loudon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora G. Ross

6. DATE OF BIRTH (month, day, year) Nov 3 76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	56	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wilson Ross

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Christina Small

16. BIRTHPLACE (city or town) (State or country) Somerset Co., Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Aug. 25, 1933

19. UNDERTAKER Fredk. Langsdale & Son
(Address) 7401 Belair Road

[illegible] Huntington Williams, M.D.
(Signature of Registrar)

AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1933, to 8/22, 1933

I last saw h[illegible] alive on 8/22, 1933. Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty Obstruction right femur	3 week
Other contributory causes of importance:	
Pulmonary Infarction	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Henry Hospital

M. D. B. 1263-B

E 93021

E 93021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 45

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2613 E Madison St. 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas M Baker

(a) Residence: No. 2613 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Baker

6. DATE OF BIRTH (month, day, year) Aug 13. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	63	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Baker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lida Woods

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ella Baker
(Address) 2613 E Madison

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Cem Date Aug 22 1933

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED ..... 19..... Registrar.

AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to Aug 18 1933

I last saw him alive on Aug 17 1933. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Buccal Cavity.	1/6.
Other contributory causes of importance: Intestinal Obstruction	3d.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward J Woods M. D.

(Address) 113 W Washington St

E 93022

8.39

E 93022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 ALLENDALE RD. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME ROBERT GARONZIK

(a) Residence: No. 2909 ALLENDALE RD. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of BERTHA GARONZIK

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT**RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME NATHAN GARONZIK

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME SARAH

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place HEBREW LORRAINE Date 8-22-33. 19

19. UNDERTAKER JACK LEWIS INC.

(Address) 1439-41 E. BALTIMORE ST.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Aug 20, 1933

I last saw h[illegible] alive on Aug 20, 1933 Death is said to have occurred on the date stated above, at 10[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Acute Epithelioma Left Cheek	

Other contributory causes of importance:

Myocarditis

Name of operation Removal Tumor Date of Feb 22

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1512 Druid Park Drive

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93023

E 93023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 N. Fulton ave St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Goodman

(a) Residence: No. 103 N. Fulton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie

6. DATE OF BIRTH (month, day, year) June 2 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	47	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nesin Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tobie Glass

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Katie Goodman

(Address) 103 N. Fulton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 22, 1933

19. UNDERTAKER Sol Furnow & Bro

(Address) 1127 E Baltimore st

20. FILED 19 Huntington Whitaker, M.D.

AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21/33

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1933, to Aug 21st, 1933

I last saw h[illegible] alive on Aug 21st, 1933 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other contributory causes of importance: General Carcinomatosis	

Name of operation Exploratory Date of Jan 3 3

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Tuckerman M. D.

(Address) 119 N. Milton

M. D. B. 1268-9

E 93024

HEALTH DEPARTMENT—CITY OF BALTIMORE

93024

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mallie Mary Czoraki

(a) Residence: No. 250 Foster Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Walter Czoraki

6. DATE OF BIRTH (month, day, year) Feb 21, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Karweiak

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Agnes Lorek

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date Aug 23, 1933

19. UNDERTAKER John J. Webster
(Address) 401 S. Chester St

20. FILED Huntington Williams Asst. AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1933 to Aug 20, 1933

I last saw he alive on Aug 20, 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis Chronic with Gall bladder infection Cholelithiasis	6/15/33
Other contributory causes of importance: Cerebral embolism	15 hours

Name of operation Cholecystectomy Date of 8/17/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. M. J. Cannon M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93025 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93025

V 161-604

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 7-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Johnson

(a) Residence: No. 1158 W Warner St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug 13/1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Frank Turner

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Lucinda Johnson

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Lucinda Johnson
(Address) 1158 Warner St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemty Date 8/22, 1933

19. UNDERTAKER Walter B. Hodges
(Address) 139 W Ashland St.

AUG 22 1933 Lexington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1933, to 8-22, 1933

I last saw h[illegible] alive on 8-22, 1933. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhages Disease of the Intestines	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) B. F Harris M. D.

(Address) Provident Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93026

CERTIFICATE OF DEATH

46 E 93026

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2345 Edmondson Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amir A. Smith.

(a) Residence: No. 2345 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (Write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward F. Smith

6. DATE OF BIRTH (month, day, year): January 27 1852

7. AGE: Years 81 | Months 6 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Geo M. Lamley.
14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Mary A Gorr.
16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Albert E. Smith
(Address) 2327 N. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn. Date 8/22 1933

19. UNDERTAKER: Mrs Chas A G Rohde
(Address) 2327 Edmondson Ave

20. FILED 19 Registrar.

AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9. 1933 to Aug. 20. 1933

I last saw h alive on Aug 20 1933. Death is said to have occurred on the date stated above, at 10 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	
Obstructive Jaundice	7 wks.
Toxic Myocarditis	4 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frawley Edel, M. D.
(Address) 2806 Garrison Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93027 — CERTIFICATE OF DEATH — 93 E 93027

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 559 Baker St., 14 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Hunter

(a) Residence: No. 559 Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Mrs Parker

(Address) 559 Baker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug. 22 1933

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 [illegible]

(Signed) Williams, M.D.

Registrar.

AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible]

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Uraemia

Other contributory causes of importance:

Name of operation: Regular — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner . M. D.

(Address)

M. D. B. 1268-9—WRITE PLAINLY, with pen and ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93028 93028

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Effie Oberg

(a) Residence: No. Bennington Ave., Curtis Creek St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~Husband~~ (or) WIFE of William Oberg

6. DATE OF BIRTH (month, day, year) 1/13/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Brengle

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Morgan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Husband, William

(Address) Bennington Ave., Curtis Creek

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Md Date Aug 22, 1933

19. UNDERTAKER

(Address)

Date Filed AUG 24 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1933, to 8/7/33, 19

I last saw her alive on 8/7/33, 19 Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	1 yr +

Other contributory causes of importance:

Cachexia
Recurrent hemorrhage

Name of operation D & C Date of 8/3/33

What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Stelzner M. D.

(Address) Mercy Hospital

B—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93029 E 93029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Jail St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Duncan

(a) Residence: No. 302 Granby St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME Duncan

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Register's City Jail

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal R. M. Date Aug 22, 1933

19. UNDERTAKER

(Address)

20. FILED AUG 22 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

1 Hypertrophic Cirrhosis of Liver Carcinomatosis — Date of onset

Other contributory causes of importance:

1 Chronic Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ... M. D. Coroner

(Address) 700 E Chase

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93030 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93030

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Essie Butler

(a) Residence: No. 729 S Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kennedy Ft Mc Date Aug 22, 1933

19. UNDERTAKER

(Address)

20. FILED Aug 22 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypostatitis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Steiger M D M. D.

(Address) 1305 N Patterson Park Ave Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93031

HEALTH DEPARTMENT—CITY OF BALTIMORE

93031

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH West Balto Gen. Hosp.

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Meyer

(a) Residence: No. 3726 Fernside Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, or 20 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ehlandt Meyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jessie E. Stup

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Aug 22 19 33

19. UNDERTAKER ...
(Address)

FILED ... 19 ... Registrar

AUG 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/33 19

22. I HEREBY CERTIFY, That I attended deceased from 8/19/33 19 to 8/19/33 19

I last saw h[illegible] alive on 8/19/33 19 Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mo.)	

Other contributory causes of importance:

Premature Separation of Placenta	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John N Rogers MD M. D.

(Address) W.B. & A.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-6

93032

HEALTH DEPARTMENT—CITY OF BALTIMORE

93032

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 N. Potomac St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 5 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Emerich

(a) Residence: No. 26 N. Potomac St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62		16 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeepyr, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Emerich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Heidel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Minnie Emerich

(Address) 26 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug 22nd 1933

19. UNDERTAKER F. C. Pickett & Son

(Address) 1320 Eutaw Place

AUG 22 1933 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Aug 19th 1933.

I last saw h e alive on Aug 19 1933. Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis —	1 wk
Carcinoma of left breast with metastasis to Spine — 5 Mos ?	3 years
Other contributory causes of importance: Cachexia — marked	

Name of operation Removal of left breast Date of Oct 11/32

What test confirmed diagnosis? Pathol. Slide Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Hemsen M. D.

(Address) 522 N. Kenwood Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93033

CERTIFICATE OF DEATH

V 169

E 93033

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 21-W Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? 5 yrs. mos. ds.

2. FULL NAME Frederick L. Hartheimer

(a) Residence: No. Arlington Park Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Park Hgts Ave Clarks Lane

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Miriam G. Hartheimer

6. DATE OF BIRTH (month, day, year) March 1, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mnfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Seligman Hartheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. F.L.Hartheimer (Wife)
(Address) Arlington Park Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto.Hebrew Cem. Date Aug.23, 1933

19. UNDERTAKER Hand Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED AUG 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 to Aug 21 19 33
I last saw him alive on Aug 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture both legs femurs	
Internal injuries	12 hrs
Traumatic shock	

Other contributory causes of importance:

Fall from window 5 Stories high
Hemorrhage bladder
Mental disturbance

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Aug 21 19 33

Where did injury occur? 112 W Fayette
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell Five Stories

Nature of injury Fracture both legs & femurs

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 700 E. Chase St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 22 1933

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ag*
Run over by street car	*1 week ag*
Peritonitis	*3 days ag*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

May have been mentally unbalanced

After an extensive investigation, unable to determine how the decease

Sept 22 1923 fell from ~~window~~ Tower

James M Fenton Co

M. D. B. 1268-9

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93034

CERTIFICATE OF DEATH

13E 93034

1. PLACE OF DEATH House of the Good Shepherd

CITY OF BALTIMORE: (No. 15 S. Mount St. 14-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Long

(a) Residence: No. 15 S. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sisters of Good Shepherd
(Address) 15 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place 8/23/33 Date ..... 19..

19. UNDERTAKER John J. Fahey & Sons
(Address) 1200 Eutaw St.

20. Filed AUG 22 1933, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933, to Aug 21, 1933

I last saw her alive on Aug 21, 1933. Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8/21/33
Ch. Interstitial Nephritis	5 yrs

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo A Strauss M. D.

(Address) 1800 N. Charles St.

X. R.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93035

CERTIFICATE OF DEATH

E 93035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Maryland General Hospital St. [illegible] Ward) 27

Registered No. 160-933

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Mazzola

(a) Residence: No. Md. Gen. Hospital St., 609 Cunningham Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19, 1933.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Carmello Mazzola

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmilla Ponticello

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Odonell St. Aug 23 1933

19. UNDERTAKER Kendall J. Duffell

(Address) 300 N. Edgewood St. Baltimore, Md.

AUG 22 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1933. to Aug. 22, 1933.

I last saw her alive on Aug. 20, 1933. Death is said to have occurred on the date stated above, at 11:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra uterine asphyxia	8/19/33
Other contributory causes of importance: Breech presentation	

Name of operation Breech extraction Date of Aug. 19, 33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93036 E 93036

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Hospital for the Women of Maryland Registered No.

CITY OF BALTIMORE: (No. ..... St., 25 Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Judie Virginia Billison

(a) Residence: No. 1709 Monterey Ave, Morrell Pk. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Albert Billison

6. DATE OF BIRTH (month, day, year) Sept 27, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 13, 1933

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Golden Hill Maryland

FATHER

13. NAME George King Keene

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Eliza Jane Sheaton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Albert Billison

(Address) 1709 Monterey Ave, Morrell Pk.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 23, 1933

19. UNDERTAKER George L. Lockhart

(Address) 2101 Pinderhook ave

AUG 22 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1933, to August 20, 1933

I last saw her alive on August 20, 1933. Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, generalized	8/17/33
Ruptured gangrenous appendicitis	8/16/33

Other contributory causes of importance:

Bronchopneumonia	8/19/33
Diabetes	?
Arteriosclerosis	?

Name of operation Appendectomy & drainage Date of 8/17/33

What test confirmed diagnosis? Oper. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Beverley G. Compton, M. D.

(Address) Womans Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93037
93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2941 N. Calvert St. St., 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice S. Boardman

(a) Residence: No. 2941 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin M. Boardman

6. DATE OF BIRTH (month, day, year) Jan. 23, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William M. Mentzel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth A. Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT. Edwin M. Boardman
(Address) 2941 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 8/23/33. 19

19. UNDERTAKER Henry W. Myers and Son
(Address) 605 N. Calvert St.

AUG 22 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 19 32 to August 22 . 19 33

I last saw her alive on August 21 . 19 33 Death is said to have occurred on the date stated above, at 6.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency, cerebral hemorrhage	Aug. 20
Other contributory causes of importance:	
Arterio-sclerosis, hypertension	?

Name of operation ... Date of ...

What test confirmed diagnosis? No special Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Zach. D. Morgan M. D.

(Address) 6 E. Read St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93038 E 93038

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Providence Hosp (St.) 14-61 (Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cleveland Morris.
(a) Residence: No. La Plata Charles Co Md St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): unknown
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 1887
7. AGE: Years: 46 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charles Co Md

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Providence Hosp Rec'd.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place La Plata Md Date Aug 22 1933

19. UNDERTAKER: Harold D Byron
(Address) 422 E Lee St. Balto. Md.

20. FILED: AUG 22 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21st 1933
22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...
I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
Ascites	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...
24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) H. Funk Coroner, M. D.
(Address) ...

NOTE—Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 512 Eden St. Ward 5-91)

Registered No. E 93039

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Jno Worthington

(a) Residence: No. Eleanor Howard Co St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Howard Co

FATHER

13. NAME Lewis Worthington

14. BIRTHPLACE (city or town) (State or country) Howard Co

MOTHER

15. MAIDEN NAME Susie Hammond

16. BIRTHPLACE (city or town) (State or country) Howard Co

17. INFORMANT Brother

(Address) Howard Co

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Park Howard Co Date August 24 1933

19. UNDERTAKER H. M. Snyder

(Address) Ilchester

AUG 27 1933

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22-33

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1933 to Aug 22 1933

I last saw him alive on 8-22- 1933 Death is said to have occurred on the date stated above, at 8:45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Uremic Coma	

Other contributory causes of importance:

Nephritis

Mitral Regurgitation

Anasarca

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) W R Boyer M. D.

(Address) 512 Eden St

Aug 22

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93040

V 115-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Howard Duncan

(a) Residence: No. 1833 Linden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 12, 1926

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7 yrs	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Chester Pa

FATHER

13. NAME Howard Duncan

14. BIRTHPLACE (city or town) (State or country) Jermyville Md.

MOTHER

15. MAIDEN NAME Katrine Fisko

16. BIRTHPLACE (city or town) (State or country) Northampton Pa.

17. INFORMANT Howard Duncan

(Address) 1833 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chester Penna Date Aug 24 1933

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

Filed AUG 23 1933 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-3- 1933 to 8-21 1933

I last saw him alive on 8-21 1933 Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobularis	?

Other contributory causes of importance:

Aspiration Pneumonia	8/3/33

Name of operation Tracheotomy Date of 8/4/33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. L. Bascom M. D.

(Address) Md. Gen. Hospital

UG 23 1933

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 5268-3

B 93041

E 93041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Walbrook Ave 5-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Caroline L. Shipley

(a) Residence: No. 1724 Walbrook Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ Husband or) WIFE of Fayette A. Shipley

6. DATE OF BIRTH (month, day, year) Jan 30th 1862

7. AGE: Years 71 | Months 6 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife at Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Bobart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Mears

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Fayette A. Shipley
(Address) 1724 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 24th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

Huntington Williams, M.D.
Registrar.

AUG 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1933 to Aug. 21 1933.

I last saw her alive on Aug. 21 1933. Death is said to have occurred on the date stated above, at 10.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Hypostatic Bilateral)	

Other contributory causes of importance:

Chr. Myocarditis.

Name of operation none. Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry E. Shannon M. D.

(Address) 900 N. Fulton Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 93042

M. D. B. 1268-9

E 93042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N. Streeper St. 7-06 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie T. Kalal

(a) Residence: No. 706 N. Streeper St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of: Michael T. Kalal

6. DATE OF BIRTH (month, day, year): Nov. 4th 1894

7. AGE: Years: 38 | Months: 9 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: William Hessler

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: ? Ortenoak

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Michael T. Kalal

(Address): 706 N. Streeper st

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Aug 24th 1933

19. UNDERTAKER: Wm Cook

(Address): 1217 E. Lanvale St

20. FILED: AUG 23 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14th 1933 to Aug 21st 1933

I last saw her alive on Aug 21st 1933 Death is said to have occurred on the date stated above, at 5:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Metastatic)	
Carcinoma of Breast (Primary)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Frank Dante Virgilio M. D.

(Address) 1117 St. Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93043

93043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Loudon Ave St., 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Connelly

(a) Residence: No. 523 Loudon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of George M Connelly

6. DATE OF BIRTH (month, day, year) Jan 2 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ferdinand Harting

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sallie Roseman

(Address) 523 Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 23 1933

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 1933 Huntington Williams, Clk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jul 1933 to Aug 20 1933

I last saw her alive on Aug 20 1933. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy 3 years	
Chr. Nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. R. Lucke M. D.

(Address) 3421 Edmondson Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 93

M. D. P 1268-9

E 93044

E 93044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 N Patterson Park Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Andrew H Crouch

(a) Residence: No. 1433 N Patterson Park Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E Crouch

6. DATE OF BIRTH (month, day, year): Dec 17 1864

7. AGE: Years 68 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): May 1933

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Crouch

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Lodemia Hitchcock

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT (Address): Mary E Crouch 1433 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Aug 23 1933

19. UNDERTAKER (Address): Jim Kirby 1334 E Pratt St

20. FILED: AUG 23 1933 at ... Lington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 20 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Aug 20 1933

I last saw him alive on Aug 20 1933. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	6-1-33

Other contributory causes of importance:

Arteriosclerosis Angina Pectoris Chronic Endocarditis — ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Alma B Lemmon, M. D.

(Address) 1433 N Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

93045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93045

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 N. Register St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Reiner

(a) Residence: No. 1624 N. Register St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of Maria Reiner

6. DATE OF BIRTH (month, day, year) May 2nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7.4	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 08

9. Industry or business in which work was done, as silk ... saw mill, bank, etc. Sheet Metal Works

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Maria Reiner
(Address) 1624 N. Register St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Aug 24th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED AUG 23 1933 Huntington Williams, Reg'r
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1933 to Aug 21 1933
I last saw him alive on Aug 20 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset ...

Other contributory causes of importance:

Valvular Heart Disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Jacob Fisher, M. D.
(Address) 1826 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Forest Park Ave Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Effie Jane Hearn

(a) Residence: No. 3615 Forest Park Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Walter A. Hearn

6. DATE OF BIRTH (month, day, year): Apr. 24, 1870

7. AGE: Years 63 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nail Window Office Cleaning Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gloucester Co

FATHER

13. NAME: John C. Woodland

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Lucy Jane Daigle

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Miss Lucy Margaret Woodland

(Address) 3615 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Aug 23 1933

19. UNDERTAKER: Wm. J. Eckhardt Sons

(Address) Howard & Fayette Aves Huntington Williams, Reg.

19a. FILED AUG 23 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20. 1933. to Aug 20 1933

I last saw him alive on Aug 20 1933. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Dilatation of Coronary Arteries of Heart	8/17/33
Other contributory causes of importance: High Blood Pressure Hardening of Arteries	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) A. C. Hearn M. D.

(Address) 790 N. Gaurenay St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93047

E 93047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. East of Gallaway St. 17-01 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bert Pierce

(a) Residence: No. 1233 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Pierce

6. DATE OF BIRTH (month, day, year) March 30 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Bo

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md Bo

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary E Pierce

(Address) 1233 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/23/33

19. UNDERTAKER Mrs Ella M. Holland

(Address) Lic 3/ Dupont & Elsmere Delaware, Wilmington

19 Registrar.

AUG 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable accidental	
Drowning	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury Aug 16, 1933

Where did injury occur? Gallaway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Fell overboard

Nature of Injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) D. O. Stevenson, M. D. Coroner

(Address) 1203 St Paul Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93048

CERTIFICATE OF DEATH

E 93048

V 95-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Thirty third St. | 12 | Ward)

Length of residence in city or town where death occurred 27 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Burns

(a) Residence: No. Ridgewood, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 4th 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	7 8	19 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 8-15-33

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Ridgewood Maryland.

FATHER

13. NAME Ferris E. Burns

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sadie Littlefield

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Ferris E. Burns
(Address) Ridgewood, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Date August 25 1933

19. UNDERTAKER John Burns Sons
(Address) Towson Md.

20. FILED ..... 19..... Registrar

AUG 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933 to August 23, 1933

I last saw him alive on August 23, 1933 Death is said to have occurred on the date stated above, at 2:08 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	8-15-33
Congestive failure	8-20-33
Uremia	8-20-33
Acute Rheumatic Heart Disease	8-13-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard Trance M. D.

(Address) Union Memorial Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93049

93049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 54-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? 33 yrs. ..... mos. ..... ds.

2. FULL NAME Mitchell, Mrs Rose

(a) Residence: No. Ferndale, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Rose.

6. DATE OF BIRTH (month, day, year) May 24 1886.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT P. Mitchell

(Address) Ferndale Md.

18. BURIAL, CREMATION, OR REMOVAL Date Aug 25 1933

Place Hollywood

19. UNDERTAKER John J. Corry Ford Ave

(Address) 2121 E Baltimore St

20. FILED Aug 23 1933 [illegible] Registrar.

AUG 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1933, to Aug 22, 1933.

I last saw her alive on Aug 22, 1933. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	8/22/33
Other contributory causes of importance:	

Name of operation Supra Vaginal hysterectomy Bilat. Salpingo-oophorectomy Date of 8/22/33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard Sturdhouse Jr. M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 93050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93050

CERTIFICATE OF DEATH

X-46

1. PLACE OF DEATH: St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Alice C. Schindel

(a) Residence: No. 4214 S. 22nd St. Omaha Neb. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Dr. Roscoe E. Schindel

6. DATE OF BIRTH (month, day, year) March 14, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: Junius Childs

14. BIRTHPLACE (city or town) (State or country): Del.

MOTHER

15. MAIDEN NAME: Sophronia Studyden

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT: Dr. Roscoe E. Schindel

(Address) 4214 S 22nd St. Omaha Neb.

18. BURIAL, CREMATION, OR REMOVAL

Place Omaha Neb Date Aug 23 1933

19. UNDERTAKER: Robert S. Little

(Address) 2700 Edmondson Ave

AUG 23 1933 Huntington Avenue Hillsboro Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 23, 1933

I last saw her alive on Aug 23, 1933. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Carcinoma, Peritonei

Name of operation Cancerotomy, Colostomy Date of 7/20/33 8/1/33

What test confirmed diagnosis? Was there an autop

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. I. Gratz, M. D.

(Address) Stevenson, Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin P. Diggs

(a) Residence: No. 612 E Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Diggs (Dumas)

6. DATE OF BIRTH (month, day, year) June 17 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Diggs

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rebecca N. Evans

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Oakland Cem Date Aug 23, 1933

19. UNDERTAKER Harry N. Armistead & Son

(Address) 4204 Edgewood Ave.

AUG 23 1933 Huntington Hillsboro, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933 to Aug. 22, 1933

I last saw h[illegible] alive on Aug 22, 1933 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Congestive failure	24h
Chronic Bronchitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. D. Hagner M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 93051

V S 3

Spec.—1-12-23—M&T—500 Blks.

E 93052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93052

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH 1400 Poplar Grove

CITY OF BALTIMORE: (No. ST., 16-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ornetta Battaglia

(a) RESIDENCE NO. 1400 Poplar Grove ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Philip Bracato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Katherine Testi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs. Bracato

(Address) 1400 Poplar Grove

15 Filed AUG 23 1933, 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22 1933

17 I HEREBY CERTIFY, That I attended deceased from March, 1933, to August 22 1933, that I last saw her alive on August 21, 1933 and that death occurred, on the date stated above, at 10 a m

The CAUSE OF DEATH* was as follows:

Arthritis Degenerative
Arteriosclerosis

(duration) 2 yrs 5 mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph L. Valvitori M.D.

AUG 23 1933 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cemetery

DATE OF BURIAL 8-23 1933

20 UNDERTAKER Chas. B. Tschudy & Co

ADDRESS 637 [redacted] St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93053 V 93 E 93053

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 Gilmore St. St. 11-6 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll Johnson

(a) Residence: No. 313 North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Fannie Mavis

16. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

17. INFORMANT Mabel Cook

(Address) 3031 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 23, 1933

19. UNDERTAKER Mrs Katie P Williams

(Address) 322 E Lafayette St.

Huntington Williams Jr

... Registrar.

AUG 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29 1933 to August 20 1933

I last saw him alive on August 20 1933 Death is said to have occurred on the date stated above, at 6.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with decompensation	3 months

Other contributory causes of importance:

Hypertension

Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Marshall M. D.

(Address) 1838 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93054

CERTIFICATE OF DEATH

E 93054

93-007

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N. Pratt St. St. 14-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otis Y. Miles.

(a) Residence: No. 1311 N. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of [illegible] Lillian Miles.

6. DATE OF BIRTH (month, day, year) March 1, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodbine, Md.

FATHER

13. NAME David M. Miles.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Kate Gillis.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Lillian Miles. (wife)
(Address) 1311 N. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodbine Md. Aug 24 1933

19. UNDERTAKER Harry H. Whitke
(Address) 410 Edmondson Ave.

[illegible] Registrar

G 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible], to [illegible], 19 [illegible]. I last saw h[illegible] alive on [illegible], 19 [illegible]. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury [illegible], 19 [illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

8/22/33 (Address) 1017 E. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 93055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93055

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 E. 33rd ST., 9-01 WARD)

2—FULL NAME Mary Annie Norris

(a) RESIDENCE NO. 609 E. 33rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Penn Norris

6 DATE OF BIRTH (month, day, and year) Jan 5-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	74	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Talbot Co
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

12 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Mrs Lydia Matthews

(Address) 609 E. 33rd St

15 Filed AUG 24 1933 18 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-23-33

17 I HEREBY CERTIFY, That I attended deceased from 8-10-33, 19..., to 8-22-33, 19..., that I last saw her alive on 8-22-33, 19..., and that death occurred, on the date stated above, at 7.04PM m.

The CAUSE OF DEATH* was as follows:

Myocarditis

3 Years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carhiac Dilitation

10

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) , M. D.

, 19 (Address) 3400 Walbrook ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlawn Cem. DATE OF BURIAL: Aug. 24 1933

20 UNDERTAKER: Chas. E. Foauch ADDRESS: 502 Madison Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 24 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93056 ✓ E 93056

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 E. Chase St. 10-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Healy

(a) Residence: No. 801 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Margaret A. Healy

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 65	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Tertain

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret A. Healy

(Address) 801 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Cem Date Aug 25, 1933

19. UNDERTAKER Henry Heck Sons Inc.

(Address) 1301 E Fayette St

AUG 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933, to Aug 22, 1933

I last saw him alive on Aug 22, 1933. Death is said to have occurred on the date stated above, 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/22/33
Angina Pectoris	8/4/33
Arteriosclerosis	?
Other contributory causes of importance:	
Valvular heart disease (Mitral)	?

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William R. Garagher, M. D.

(Address) 2225 St. Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1000 Bks.

93057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 93-93 E 93057

1-PLACE OF DEATH

CITY OF BALTIMORE: No. S.W. cor Asquith & Curtain St. (or) WARD 1st

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Miller

(a) RESIDENCE No. S.W. cor Asquith & Curtain ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Miller

6 DATE OF BIRTH (month, day, and year) Dec. 18 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	79	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

11 Informant: Edward Salisbury.
(Address) Asquith & Curtain Sts.

15 Filed . 19 Huntington Williams, Registrar.

AUG 24 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1933

17 I HEREBY CERTIFY, That I attended deceased from June 5 . 1933 . to Aug. 22 . 1933.

that I last saw h/her alive on August 22 . 1933.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert G. Simpson, M. D.

8/24 1933 Address) 1613 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Aug 25 1933
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 93058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93058

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL BALTIMORE MARYLAND St. 12-41 Ward)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ANNA FISHER

(a) Residence: No. 3014 Cresmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Leo H Fisher

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Pa

FATHER

13. NAME Emanuel Peters

14. BIRTHPLACE (city or town) (State or country) Danville Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Mizen

16. BIRTHPLACE (city or town) (State or country) Danville Pa

17. INFORMANT Robert H Fisher
(Address) 5220 York Road

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 8/25 1933

19. UNDERTAKER William Cook
(Address) 217 St Paul Street

20. FILED AUG 24 1933 Huntington & Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 1, 1933, to AUGUST 22, 1933

I last saw her alive on AUGUST 22, 1933. Death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Cardiac decompensation	
Chronic nephritis	
Other contributory causes of importance:	
General anasarca	

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D Irvine M. D.

(Address) University Hospital Baltimore Md.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93059

CERTIFICATE OF DEATH

V 49 E 93059

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3633 Malden Ave 43-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Birdie C. Fourman.

(a) Residence: No. 3633 Malden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Fourman

6. DATE OF BIRTH (month, day, year) March? 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Franklin Fisher

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT John W. Fourman
(Address) 3633 Malden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Pleasant Ridge Date Aug 24, 1933

19. UNDERTAKER Chenoweth Son
(Address) 3015-17 Chestnut Ave.

20. FILED AUG 24 1933 19 Huntington Peterson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933 to Aug 22nd 1933

I last saw her alive on Aug 19th 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Coma	
Primarily Uremia	4/1/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Evidence Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Lilienthal M. D.

8-23-33 (Address) 3614 Falls Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 24 1933

M. D. B. 1268-9

93060 E 93060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 E. Eager St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Jane Wilburn

(a) Residence: No. 805 E. Eager Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	2	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Wilburn

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Virginia Fields

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Virginia Wilburn
(Address) 805 E. Eager Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug. 24, 1933

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

(Filed) AUG 24 1933 Huntington Williams M.D. 8.22.33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1933, to Aug 21, 1933

I last saw him alive on Aug 21, 1933 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Gastro-Enteritis	Aug. 15

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) E. L. Marr M. D.

(Address) 516 Cathedral St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

92061 33061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No.) St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Brown

(a) Residence: No. 634 Smithson st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geneva Brown

6. DATE OF BIRTH (month, day, year) July 18, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Israel Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Date Aug 24 1933

19. UNDERTAKER Bernard P. Brumbley
(Address) 818 Druid Park Ave.

20. FILED Aug 24 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933 to August 20, 1933

I last saw him alive on August 20, 1933 Death is said to have occurred on the date stated above, at 5.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Christopher C. Thom M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93062 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13 E 93062

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Margaret Luckhardt

(a) Residence: No. 1443 Bayly St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 16 1875

7. AGE: Years 56 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tobacconist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Canning Co 86
10. Date deceased last worked at this occupation (month and year): 8-1933
11. Total time (years) spent in this occupation: 35yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Patrick Quinn
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Bridget Quinn
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Helen Tegarty
(Address) 1443 Bayly St

18. BURIAL, CREMATION, OR REMOVAL. Place: Cedar Hill Date: Aug 26 1933

19. UNDERTAKER: Chas J Pearce
(Address) 1501 E Fort Ave

Registrar.

AUG 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-19 1933, to 8-23 1933

I last saw her alive on 8-23 1933 Death is said to have occurred on the date stated above, at 8:10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1931
Chronic Myocarditis	1925
Terminal Pulmonary Embolism	1

Other contributory causes of importance: Uremia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. J. Pearce M. D.

(Address) Md. Gen. Hospital

Information should be carefully supplied. Note should be taken that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V 5 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93063

CERTIFICATE OF DEATH

E 93063

Registered No. 93-014

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna F. Bennett.

(a) Residence: No. 2123 Annapolis Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: (or) WIFE of William G. Bennett.

6. DATE OF BIRTH (month, day, year) November 29, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August Wolf.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Knichman.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William G. Bennett. (husband)
(Address) 2123 Annapolis Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/26/33

19. UNDERTAKER London Park
(Address) Huntington Avenue, Md.

No. 30524 Aug. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 2123 Annapolis Ave.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.
8/28/33 (Address) 1017 E. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 93064

HEALTH DEPARTMENT—CITY OF BALTIMORE

93064

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Mullens & Caton Aves. St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Margaret Bowers

(a) Residence: No. 2849 Woodbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bowers

6. DATE OF BIRTH (month, day, year) Sept. 23 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Fogarty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Carberry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs William Bowers

(Address) 2849 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 25 1933

19. UNDERTAKER Prospect Flynn

(Address) 210 N. Milton Ave

AUG 24 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1933 to 8-22 1933

I last saw her alive on 8-22 1933. Death is said to have occurred on the date stated above, at 6.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Thrombosis (?)	
Edema	

Other contributory causes of importance:-

Bronchopneumonia 8/19/33

Name of operation None Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Sunder M. D.

(Address) St Agnes Hospital

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93065

Schearer ✓ E 93065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 133

1. PLACE OF DEATH [illegible] St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME [illegible]

(a) Residence: No. [illegible] St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Schearer)

5a. If married, widowed, or divorced, WIFE of Theresa O. Schearer

HUSBAND of (or) WIFE of Alice V. Reed 1905

6. DATE OF BIRTH (month, day, year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
28	28		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]

(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date 8/25/33, 19

Place [illegible]

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED AUG 24 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible], 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) [illegible]	[illegible]

Other contributory causes of importance:

[illegible]	[illegible]

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19[illegible]

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

V S 3

Information is required by law. Please answer questions carefully and completely. Write plainly so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93066

CERTIFICATE OF DEATH

119 E 93066

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Kuciara

(a) Residence: No. 528 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 31 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Joseph Kuciara

14. BIRTHPLACE (city or town) (State or country) Biloxi Miss.

MOTHER

15. MAIDEN NAME Mollie Raczniak

16. BIRTHPLACE (city or town) (State or country) Biloxi Miss.

17. INFORMANT Joseph Kuciara
(Address) 528 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug. 24. 1933

19. UNDERTAKER J. W. Baczewski
(Address) 1930 Eastern Ave.

AUG 24 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23-33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on Aug. 23 19 ... Death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

Enteritis 6 Days. — Date of onset

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

H. H. Lurk Coroner, M. D.
(Signed) ...
(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93067

HEALTH DEPARTMENT—CITY OF BALTIMORE

93067

CERTIFICATE OF DEATH

+82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 46 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Miller

(a) Residence: No. Ellicott City, St., Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7/33

11. Total time (years) spent at this occupation 25

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jimmie Miller

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Minnie Wallace

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jimmie Miller

(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Ellicott City Date Aug 26 1933

19. UNDERTAKER Easton Sons

(Address) Ellicott City

AUG 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23-1933

22. I HEREBY CERTIFY, That I attended deceased from July 8th 1933, to August 23d 1933. I last saw him alive on August 23d 1933. Death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrent Subarachnoid Hemorrhage	July 9, 1933
Acute Pulmonary Oedema	8-23-33
	8-23-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lauriston L. Leone, M. D.

(Address) University Hospital.

Instructions: Typewriter ribbon is necessary supplied. All items must be carefully answered. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 93068 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93068

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Durham St. St. 2-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS H. McCULLOUGH.

(a) Residence: No. 105 S. Durham St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male W	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie McCullough.

6. DATE OF BIRTH (month, day, year) Sept. 3 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	48	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. 04 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James McCullough.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Sarah Mitchell

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mamie McCullough (WIFE)

(Address) 105 S. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Aug. 24 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 E. Wolfe St.

20. FILED AUG 24 1933 Huntington Wilkinson M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 33 to Aug. 21 1933.

I last saw him alive on Aug. 21 1933 Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Central - Lobar Pneumonia. ?

Contributory - Toxemia

Uremia Pectoris

Other contributory causes of importance: acute Coronary Occlusion ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mac L. Deaver Jr. M. D.

(Address) 7007 E. Lake Ave.

INFORMATION should be carefully supplied. Any blank will delay BURIAL PERMIT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Louella May Gibson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93069

175 E 93069 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 E Preston St., 8-01 Ward)

Length of residence in city 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louella May Gibson

(a) Residence: No. 2003 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Gibson

6. DATE OF BIRTH (month, day, year) Oct 26, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	50	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) (V. Va

FATHER

13. NAME Joshua Gardner

14. BIRTHPLACE (city or town) (State or country) Grove Va.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. E. W. Roger Woodlawn Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Walnut Protestant
Place Woodlawn Date Aug. 26 1933

19. UNDERTAKER Wm. Rickert Sons
(Address) North & Warwick Ave

Registrar.

AUG 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Homicide Strangulation by Choking

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Injury 19

Where did injury occur? 2003 E Preston
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leitch Coroner M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93070 ✓ E 93070

CERTIFICATE OF DEATH

Registered No. 731

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-01 (Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr John A Kennedy

(a) Residence: No. 407 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 11 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	72	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John A. Kennedy

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary J. Baltimore

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. M Kennedy
(Address) 1813 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date August 26th 1933

19. UNDERTAKER Gray F Frame & Son
(Address) 1100 Park Royal Ave Huntington Apartments, N.

Registrar.

G 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-21-33, 19..., to 8-23, 1933

I last saw him alive on 8-23, 1933 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Nephritis	

Other contributory causes of importance:

Uremia	
Myocardial collapse	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, how? .....

(Signed) H. A. Kaser M. D.

(Address) Md. General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 93071

E 93071

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 22-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Sam'l Macomachy (Samuel)

(a) Residence: No. 4215 Euclid Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma F. Macomachy

6. DATE OF BIRTH (month, day, year) Oct 15-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Thomas Macomachy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Caroline Roseland

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Emma F. Macomachy
(Address) 4215 Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 26, 1933

19. UNDERTAKER Chas E. Brandt Son
(Address) 118 W. 20th Pratt Ave

20. FILED Aug 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1933 to 8-23, 1933

I last saw h.M. alive on 8-23, 1933 Death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Other contributory causes of importance: Acute Cardiac Failure	8-23-33

Prostatic resection Date of 8-23-33

Name of operation

What test confirmed diagnosis? Surgical pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 93072

M. D. B. 1268-8

93072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 54-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward) 14-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ramsburg, Evaline Thurmount

(a) Residence: No. ..... St., ... Ward. Frederick County, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Ramsburg

6. DATE OF BIRTH (month, day, year) July 21-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) July 33

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Jefferson Md.

FATHER

13. NAME Chas Heim

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Stella Castle

16. BIRTHPLACE (city or town) (State or country) Middletown Md.

17. INFORMANT Mrs Edgar Stull

(Address) Lewistown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Date Aug 27 1933

19. UNDERTAKER H. Teregar Sons

(Address) Thurmont Md.

20. FILED AUG 24 1933 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1933

22. I HEREBY CERTIFY, That I attended deceased from August 23 1933 to August 24 1933

I last saw h.. alive on August 23 1933 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Supposed brain tumor	4 wks (?)
Cardiac failure	

Other contributory causes of importance:

Respiratory paralysis

Name of operation Exploratory trephine Date of 8/23/33

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. P. Arrowood M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93073

CERTIFICATE OF DEATH

1933 E 93073

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 94 Seventy First Knace St., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy Harrison

1a) Residence: No. 522 S. Kenwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda Harrison

6. DATE OF BIRTH (month, day, year) Feb. 13, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm. A. Harrison

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Suzette Slade

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mathilda Harrison
(Address) 522 S. Kenwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug. 25, 1933

19. UNDERTAKER HENRY SANDER & SON, INCORPORATED
(Address) Broadway & Baltimore St.

AUG 24 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Capsizing of Boat

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93074

CERTIFICATE OF DEATH

X 91 E 93074

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 9-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johan Artveen

(a) Residence: No. 37 Flagship Road St., Ward. Dundalk, Md.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Artveen

6. DATE OF BIRTH (month, day, year) Dec 1 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Balsar Artveen
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Artveen
(Address) 37 Flagship Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Buffalo, N.Y. Date Aug 24 1933

19. UNDERTAKER John Ledrick
(Address) 2008 Orleans

[illegible] Williams N.Y.

[illegible] Registrar.

AUG 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1933 to August 23, 1933
I last saw him alive on August 23, 1933 death is said to have occurred on the date stated above, at 11 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Asthma - bronchial	1922?
(2) Anemia pernicious	?
(3) Pulmonary fibrosis - (non-tuberculosis - x-ray)	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Were an antopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. M. Magruder, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93075
82-001

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) Baltimore City Hosp St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Clements

(a) Residence: No. 2315 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
~~65~~ 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Martin Clements

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 26 1933

19. UNDERTAKER Christian Miller & Son

(Address) 2 ~~Pennington~~ Washington Ave, Md

G24 1933 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1933 to August 23 1933

I last saw him alive on August 23, 1933 Death is said to have occurred on the date stated above, at 10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right	3 wks
c/ Hemiplegia, left	3 wks
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. D. Hazel M. D.

(Address) Balt City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93076 93076

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Hollins St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Courtney

(a) Residence: No. 827 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 11 1863

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ayrshire Scotland

FATHER

13. NAME Daniel Courtney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael J. Courtney
(Address) 827 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Amboy Illinois Date Aug 25, 1933

19. UNDERTAKER Vernon Leitzer
(Address) 522 Fulton St

20. FILED AUG 24 1933 Huntington Williams Sec'y

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/17/, 1933, to 8/24/33, 19.....

I last saw h.. alive on 8/24/33, 19..... Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca, Int. Nephritis & Hypertension	2 yrs
Other contributory causes of importance:	
Cerebral Apoplexy	8/17/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard J. Long, M. D.

(Address) 910 W. Lombard

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93078 93078 12 V 93078

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Ambrose

(a) Residence: No. 826 W. 35th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle Ambrose

6. DATE OF BIRTH (month, day, year) June 22 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	46	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hat Dyer 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dromm Cab Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville Md

FATHER

13. NAME Isaac H Ambrose

14. BIRTHPLACE (city or town) (State or country) Dover Md

MOTHER

15. MAIDEN NAME Mary E Gover

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT (Address) Mary Ambrose 826 W 36th St

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Hampden Date 8-26-33

19. UNDERTAKER (Address) Wm H Cook Co

..... 19.. ..... Registrar.

AUG 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 21. 1933 to August 23. 1933

I last saw him alive on August 23. 1933 Death is said to have occurred on the date stated above, at 10 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	8-16-33
Peritonitis	8-21-33

Other contributory causes of importance:

Name of operation appendicectomy & drainage of Date of 8-21-33

What test confirmed diagnosis? gross Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. Dwer Moore M. D.

(Address) Franklin Square Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 93078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 | E 93078

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 339 (St.) N. Gay (Ward) 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John C Donovan

(a) Residence: No. 339 N Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Teresa Donovan

7. DATE OF BIRTH (month, day, year): Dec 10 1896

8. AGE: Years 37 | Months 4 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shipyard Co

10. Date of entering first worked at this occupation (month and year): March 1924

11. Total time (years) spent in this occupation: 15 Y.

12. BIRTHPLACE (city or town) (State or country): Balmoral

FATHER

13. NAME: Cornelius Donovan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Teresa Donovan
(Address) 339 N Gay St

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary
Date 8 28 33

19. UNDERTAKER: J. M. Cook
(Address) 1219 E Fort Ave

20. FILED 19 Registrar.

AUG 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20 1933 to Aug 23 1933

I last saw him alive on Aug 23 1933 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Chronic Glomerulonephritis	June 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2006 E. Monument St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93079 E 93079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH .

CITY OF BALTIMORE: (No.) Mercy Hospital St. 17-C Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John L. Lang.

(a) Residence: No. 4642 York Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary A. Lang

6. DATE OF BIRTH (month, day, year) Nov. 11-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Sheridan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mercy Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood - Date 8/28th 1933

19. UNDERTAKER Jud Lassahn & Son
(Address) 1101 Belair Road.

20. FILED ... 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8- 1933, to Aug. 24. 1933

I last saw h.l.m alive on Aug. 24 1933. Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug.
Contributory causes of importance: Arteriosclerosis Due to old adhesions	8 1933

Name of operation Prostatectomy Date of 8 14 33

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. M. Fullerton M. D.

(Address) Mercy Hospital.

C. 3 AUG 25 1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-A

E 93080 Hayes. ✓ E 93080

693080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Hayes

(a) Residence: No. 106 S. Carlton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 13. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Walter J. Hayes

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Gretchen V. Taylor

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs. Walter J. Hayes

(Address) 106 S. Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 8/25. 1933

19. UNDERTAKER Harry H. Whitzke

(Address) 4101 Edmondson Ave.

20. FILED AUG 25 1933 H. Wilson Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933, to August 24, 1933

I last saw him alive on August 24, 1933 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932
Acute Suppurative Otitis Media	8-19-33
Bronchopneumonia	8-19-33

Other contributory causes of importance:

Rickets	
Malnutrition	
Acute Enteritis	8-16-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard Stackhouse Jr. M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

93081

HEALTH DEPARTMENT—CITY OF BALTIMORE

93081

CERTIFICATE OF DEATH.

157-004

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ben Lucas Hosp. St. 20-01 WARD)

2-FULL NAME Baby Joseph Ferguson

(a) RESIDENCE No. 366 S. Payson St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/28/33

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓			27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Earle B. Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine M. Brassel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Earle B. Ferguson
(Address) 366 S. Payson St.

15 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/24/33

17 I HEREBY CERTIFY, That I attended deceased from 8/23/33, 19 , to 8/24, 19 33

that I last saw him alive on 8/24, 19 33

and that death occurred, on the date stated above, at 6 50 p. m.

The CAUSE OF DEATH* was as follows:

Pyloric Obstruction
Surgical Shock

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8/24/33

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Aloha H. Gauthier M. D.

8/24, 19 33 (Address) Ben Lucas Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Plc. DATE OF BURIAL 8/26 19 33.

20 UNDERTAKER Harry H. Weitzke, ADDRESS 1101 Edmondson ave

AUG 25 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

93082 ✓ E 93082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Raynor Ave 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret Street

(a) Residence: No. 2801 Raynor Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years 54 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Co Va

FATHER

13. NAME Lee E. Street

14. BIRTHPLACE (city or town) (State or country) Stafford Co Va

MOTHER

15. MAIDEN NAME Ella L. Ramsey

16. BIRTHPLACE (city or town) (State or country) Stafford Co Va

17. INFORMANT Wm Street

(Address) 2801 Raynor Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 8/25/1933

19. UNDERTAKER Mary E Gaulbert

(Address) 2801 Raynor Ave

Filed AUG 25 1933 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide. Strangulation by Hanging.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19 .....

Where did injury occur? 2801 Raynor.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Quirk M. D.

Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

93083

E 93083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 E. Chester ST. 1-01 WARD)

2-FULL NAME Mrs. Emma Ramszewski

(a) RESIDENCE NO. 409 E. Chester ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Ramszewski

6 DATE OF BIRTH (month, day, and year) July 26, 1883

7 AGE Years 50 Months 1 Days 27 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer) Home Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Braimer Brongorgewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant John Ramszewski

(Address) 409 E. Chester St

AUG 27 1933 Filed Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1933, to Aug. 25, 1933, that I last saw h[illegible] alive on Aug. 25 1933 and that death occurred, on the date stated above, at 3:40 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Influenza

CONTRIBUTORY (Secondary) Broncho-pneumonia (duration) 2 yrs. mos. 4 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter Dreyer M. D.

Aug. 27 1933 (Address) 700 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL Aug. 26 1933.

20 UNDERTAKER F. W. Bagnuski ADDRESS 1930 Eastern Ave

M. D. B. 1268-8

E 93084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93084

CERTIFICATE OF DEATH

Registered No. 209

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Md Gen Hosp. St., (Ward) 113-01
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Schwartz
(a) Residence: No. 844 Konig St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10-1912

7. AGE — Years 21 | Months 2 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Schwartz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Celia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Schwartz
(Address) 844 Konig

18. BURIAL, CREMATION, OR REMOVAL
Date 8/26 1933

19. UNDERTAKER Sugh Lewis Inc
(Address) 1439 E. Balto. St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on August Death is said to have occurred on the date stated above, at

The principal cause of death was as follows:

Date of onset

Electric car.

Fractured Skull

hour.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Nature of injury Accident Aug 24 33

Where did injury occur? Linden Ave & Konig St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Frank Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

U825 1223

M. D. B. 1265-9

93085

HEALTH DEPARTMENT—CITY OF BALTIMORE

93085

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Caney St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Ruffin

(a) Residence: No. 820 Caney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Satchell

(Address) 820 Caney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date August 25 1933

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 322 E. Edmondson Ave.

20. FILED AUG 25 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Talbot M. D.
Coroner

(Address) 2737 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

E 93086

M. D. P. 1268-9

E 93086

HEALTH DEPARTMENT—CITY OF BALTIMORE

275787

CERTIFICATE OF DEATH

142-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Effie Loizos

(a) Residence: No. 1901 E. Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angelo Loizos

6. DATE OF BIRTH (month, day, year) 1/24/1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel BAKENOS

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Loaltruna BAKENOS

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn. Date 8/25 1933

19. UNDERTAKER Bernard C. Harker

(Address) 1000 S. Page St.

FILED AUG 25 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1933 to Aug. 23 1933

I last saw h.e alive on Aug. 23, 1933. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Tubo-ovarian absess, left — Date of onset (

Other contributory causes of importance:

Albuminuria

Hydro-thorax - right

Name of operation Oophorectomy left Date of 8-11-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Erle Hunt Long, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93087

Kilkarski ✓ E 93087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 7-301

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marion Kilkarouski

(a) Residence: No. 1722 Aliceanna St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Stasie Kilkarouski

6. DATE OF BIRTH (month, day, year) ~~Oct 12 1859~~

7. AGE: Years 74; Months 11; Days 15; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Henry Kilkarouski

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Fannie Stakewski

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Aug 26 1933

19. UNDERTAKER: Martin H. E. Dippel Inc.

(Address) 37 S. Arsenal St

20. FILED Aug 26 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1933 to Aug 23 1933

I last saw h[illegible] alive on Aug 23 1933 Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease	Date of onset
Carcinoma - Esophagus	5 days	?

Other contributory causes of importance:

Stenosis	?	?
Bronchopneumonia	1 day	?

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. P. Russell M. D.

(Address) Path. City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

E 93088 Bernard Barr E 93088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-0 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard B Barr

(a) Residence: No. 527 Buchanan Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Jan 14 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Barr

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Blum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date Oct 25 19 33

19. UNDERTAKER Sol Levinson & Bro

(Address) 112 E Balto St.

20. FILED OCT 25 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25/1933

22. I HEREBY CERTIFY, That I attended deceased from 8/23 1933 to 8/25 1933

I last saw h[illegible] alive on 8/25 1933 Death is said to have occurred on the date stated above, at 5:3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor right temporo parietal lobe	?
Other contributory causes of importance:	
P O Shock	8/24/33

Name of operation Removal of Tumor Date of 8/24/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 918 Hollins St. 18-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis P Murnaghan

(a) Residence: No. 918 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 2 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Patrick F Murnaghan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McCrodle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Polly Murnaghan
(Address) 918 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 8/26/33

19. UNDERTAKER George A Fuhrman
(Address) Fulton & Laurens Streets

20. FILED Aug 25, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1932, to August 23, 1933.

I last saw him alive on August 21, 1933. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 16-33
Myocarditis and Arterio-Sclerosis - Bron	Oct 21-30

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Henry C. Hale M. D.

(Address) 120 W. Fayette St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

93090

E 93090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11-21-29 E St., 12-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 74 11 28

2. FULL NAME Corinne Sturlock Stoner

(a) Residence: No. 11-21-29 E Ll St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John H. Stoner

6. DATE OF BIRTH (month, day, year): Aug 28 1858

7. AGE: Years 74; Months 11; Days 28; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Sturlock Maryland

FATHER

13. NAME: Isaac H. Sturlock

14. BIRTHPLACE (city or town) (State or country): Dorchester Co Maryland

MOTHER

15. MAIDEN NAME: Leslie A. White

16. BIRTHPLACE (city or town) (State or country): Dorchester Co Maryland

17. INFORMANT (Address): Katherine H. Sturlock (wife) 11-21-29-E Ll City

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date Aug-26 1933

19. UNDERTAKER (Address): Hubert H. Smith & Son 1208 Pennsylvania Ave. Huntingtown Williams, N.J.

20. FILED AUG 28 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933 to Aug 23, 1933

I last saw her alive on Aug 20, 1933. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	5/20/33
Coronary Occlusion	8/23/33
Arteriosclerosis	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wesley Edel M. D.

(Address) 2806 Garrison Blvd

E 93091

M. D. B. 1268-9

93091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 27-01 Ward)

Length of residence in city or town where death occurred 73 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Oliver Dennis

(a) Residence: (No. 4201 Keswick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mrs J. O. Dennis

6. DATE OF BIRTH (month, day, year) Unknown 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gunsmith Exporter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bolton Co Md

FATHER

13. NAME William R. Dennis

14. BIRTHPLACE (city or town) (State or country) Bolton Co Md

MOTHER

15. MAIDEN NAME Ann Woodlow

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs Hope Retreat Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 8/26/33 19

19. UNDERTAKER (Address) Edward Mortuary 108 W North Ave

20. FILED AUG 25 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16 1931 to August 24 1933

I last saw him alive on August 24 1933 Death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atypical Cirrhosis of liver	1930
Ascites	

Other contributory causes of importance:

Myocardial degeneration ?
Arteriosclerosis

Name of operation aspiration Date of last

What test confirmed diagnosis? Phy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall M. D.

(Address) Mrs Hope Retreat

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-0

E 93092

HEALTH DEPARTMENT—CITY OF BALTIMORE

93092

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F Lannigan

(a) Residence: No. 1217 E. Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None F Lannigan

6. DATE OF BIRTH (month, day, year) March 29, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill (W)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James F Lannigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frances Lester

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL. Date Aug 26, 1933
Place Catherdal Cem

19. UNDERTAKER Leo G. Cook
(Address) 1723 E. Pratt Park Ave.

20. FILED Aug 25 1933 Huntington, W. Va. Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1933 to August 23, 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retro pharyngeal Neoplasm	?
C Involving Glands	
of neck	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Mayer M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 33093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33093

46

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No. Home for Aged N.E. Cor 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary McComas

(a) RESIDENCE NO. 221 N Rogers Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 29/846

7 AGE: Years 86; Months 10; Days 25; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford County Md

PARENTS

10 NAME OF FATHER: John E. McComas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER: Eleanor Shekell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant: Mr. Cuddy

(Address) 221 N Rogers Ave

15 Filed AUG 25 1933, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 24, 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1933, to Aug 24, 1933

that I last saw her alive on Aug 24, 1933

and that death occurred, on the date stated above, at 9 55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Stomach.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon M. D.

8/25, 1933 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Abington Harford Co

DATE OF BURIAL: Aug 25 1933

20 UNDERTAKER: Geo. J. Smith

ADDRESS: Hollins

Important. See instructions on back of certificate.

M. D. H. 1268-9

E 93094

E 93094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1833

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dept of Corr St. 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Hazelton

(a) Residence: No. 835 S Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jos Mazan
(Address) 835 S Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Potters Cemetery Date Aug 25, 1933

19. UNDERTAKER
(Address) Huntington Williams N.D.

FILED 8 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

Drowning — Date of onset

Potato alcoholism

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Aug 15, 1933

Where did injury occur? Foot of Wells St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Will be found

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) H. Nevgo M.D. Coroner, M. D.

(Address) 1300 E Fayette St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 93095

E 93095 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1st & Broadway St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Geelar

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation about 40

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Grace Price

(Address) 1324 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Potter's Field Date Aug 25, 1933

19. UNDERTAKER

(Address)

20. FILED Aug 30 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Poisoned — Date of onset

Private Accidents

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 21, 1933

Where did injury occur? 1st & Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Private Place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams, M. D. Coroner

(Address) 1324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

2y6038

HEALTH DEPARTMENT—CITY OF BALTIMORE

93096

CERTIFICATE OF DEATH

v 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Gillman

(a) Residence: No. 1814 Bolton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Gillman

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 45
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Stylist
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel B. Gillman
(Address) 5023 Greenberry ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 8/25/33 19

19. UNDERTAKER Harry Lewis Sons
(Address) 1432 E. Baltimore St.

25 1933

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on August 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs
Thrombus Coronary Artery	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M Fenton Coroner M. D.

8 25 33 (Address) 700 E. Chase

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93097

CERTIFICATE OF DEATH

8-01 V 131 E 93097

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 N. Gay St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE C. BAKER.

(a) Residence: No. 1440 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Baker.

6. DATE OF BIRTH (month, day, year) Apr. 17 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME George Ritter.

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Annie Moore

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Annie C. Smith (Daughter)

(Address) 3521 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathederal Date Aug. 28 1933

19. UNDERTAKER Lilly + Zeltz Bur.

(Address) 403 S. Calvert St.

[illegible] Registrar.

AUG 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from February 2 1933 to August 24 1933

I last saw h[illegible] alive on (Aug 23, 1933). Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	11/2
Terminal Cerebral Hemorrhage	4 days
Arterial Hypertension	

Other contributory causes of importance: Uremic Convulsions — Ecl. a few hrs

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Greenberg M. D.

(Address) 2[illegible] East Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93098

CERTIFICATE OF DEATH

147

E 93098

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ..... St., 26 Ward) 76281

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Theodora Flury

(a) Residence: No. 3400 Miller St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — Female

4. Color or Race — White

5. Single, Married, Widowed, or Divorced (write the word) — Married

5a. If married, widowed, or divorced (or) WIFE of — George Flury

6. DATE OF BIRTH (month, day, year) — March 30, 1902

7. AGE — Years: 31 | Months: 4 | Days: 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation — Life

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

FATHER

13. NAME — James [illegible]

14. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

17. INFORMANT — Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Aug. 26, 1933

19. UNDERTAKER — Lilly & Zeiler Inc
(Address) 4037 Old Frederick Rd
Huntington Ville

20. FILED — AUG 25 1933

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) — Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933 to Aug 23, 1933

I last saw h alive on Aug 22, 1933 Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of Pregnancy	8/20/33

Other contributory causes of importance:

Edema pulmonary 12hrs

Spontaneous Delivery

Name of operation — Date of 8/20/33

What was confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B.C.H.S. 3

M. D. P. 1268-9

E 93099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93099

Registered No. 30-0146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hosp. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth M. Carrigan

(a) Residence: No. 113 Collins Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Carrigan.

6. DATE OF BIRTH (month, day, year) Mar. 29 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	68	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky.

FATHER

13. NAME Peter Thelen.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Florence I. McDonald (Daughter)
(Address) 113 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date aug. 26th. 1933

19. UNDERTAKER Kilby & Quiet Sis.
(Address) 403 S. Wolfe St.

19 ... Huntington Williams, M.D.
Registrar.

FILED 8-25-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933 to Aug 23, 1933.

I last saw her alive on Aug 23, 1933 Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinoma
Liver, Peritoneal
Cavity

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation Exploratory Laparotomy Date of 8/15/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Gonatos M. D.
(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93100

CERTIFICATE OF DEATH

X V 107 E 93100

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Bernice C. Lurz

(a) Residence: No. Hamilton Ave & 33rd St., 26 Ward. Roland Park
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 7, 32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min
	0	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edw. L. Lurz.
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie Herzel
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Edw. L. Lurz (Father)
(Address) Hamilton - 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 26 1933

19. UNDERTAKER Lilly & Zeske Inc
(Address) 403 E. 25th St. Baltimore, Md.

20. FILED ... 19... Registrar.

U 845 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24. 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933 to August 24, 1933
I last saw her alive on August 24 1933 death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	8-1-33
Other contributory causes of importance:	
1. Talipes equinus varus	

Name of operation Osteotomy sub astr. Date of 7-31-33
What test confirmed diagnosis? clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury .... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....If so, specify ....

(Signed) J. W. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

93101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93101

CERTIFICATE OF DEATH

Registered No. 31

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton ave St., 14th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Fawler.
(a) Residence: No. 1514 Mt. Royal Ave St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Andrew J. Fawler

6. DATE OF BIRTH (month, day, year) Jan 1st 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	7	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME William H. Lilly.
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Rosanna Fulmer
16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Edward D. Lilly.
(Address) 413 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Federal Date Aug. 26 1933

19. UNDERTAKER Lilly + Fuller Inc.
(Address) 702 E. Wolfe St.

Huntington Williams, Registrar

AUG 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9 1930 to Aug 23 1933.
I last saw h~~e~~r alive on Aug. 23 1933. Death is said to have occurred on the date stated above, at 10 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro vascular Renal disease	
Other contributory causes of importance: Broncho-pneumonia	8/19/33

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jan C. Fuller M. D.
(Address) St. agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9

E 93102 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93102

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 154 N. Potomac St. Ward) 16-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph J. Paetow

(a) Residence: No. 154 N. Potomac St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Dec. 9, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓ 37	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asbestos

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horse

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Emil Paetow

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Katherine Daggett.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Emil Paetow
(Address) 154 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date Aug 26, 1933

19. UNDERTAKER John J. Madden
(Address) 3000 E. Baltimore St

Huntington Williams, M.D.
Registrar

AUG 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1933 to Aug. 23, 1933

I last saw him alive on Aug 22 1933. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8/19/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Eugene L. Cronin M. D.

(Address) 15 E. Drury Lane

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

E 93103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93103

CERTIFICATE OF DEATH

V 11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Rosalie ave 27-91 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James J. Fitzsimmons

(a) Residence: No. 3006 Rosalie ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie A. Fitzsimmons

6. DATE OF BIRTH (month, day, year) July 26 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman (31)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME James Fitzsimmons

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Mary Downs

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs Katie A. Fitzsimmons

(Address) 3006 Rosalie ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 26, 1933

19. UNDERTAKER John A. Mogan

(Address) 3000 E. Balto St.

19 ..... Huntington Williams Jr

Registrar.

AUG 25 1933

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to August 22 1933

last saw h.. alive on August 22 1933 Death is said to have occurred on the date stated above, at 2:15 m.

The principal cause of death and related causes of importance were as follows:

(a) Cerebral Embolism

Date of onset

Other contributory causes of importance:

Pulmonary Embolism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93104

CERTIFICATE OF DEATH

46 E 93104

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 E. Pratt St., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 6 mos. 13 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Joseph P. Geschmai

(a) Residence: No. 2900 East Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Pauline (Fisher)

6. DATE OF BIRTH (month, day, year) Feb. 9-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Albert Geschmai

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Rao.

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Pauline Geschmai
(Address) 2900 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Mer. Cathedral Date Aug. 26, 1933

19. UNDERTAKER John F. Connelly
(Address) 1700 E. Fay. Ave.

20. FILED Aug 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to Aug 22, 1933

I last saw h~~im~~ alive on Aug 21, 1933 Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	1931

(Other contributory causes of importance:
General Cancerous ?
Appendectomy at Johns Hopkins Hosp. 1931

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. H. Hunter M. D.

(Address) 887 N. Charles St

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93105

CERTIFICATE OF DEATH

E 93105

Registered No. 93-663

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Augusta Bradshaw

(a) Residence: No. Belair, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Major John J. Bradshaw

6. DATE OF BIRTH (month, day, year) February 3, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	89	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick Tomlison

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Bateman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Rayburn Bradshaw

(Address) 220 St. Paul St.

18. BURIAL, CREMATION OR REMOVAL

Place St. Mary's City, Md. Aug. 26, 1933

19. UNDERTAKER Cook & Cook

(Address) 1003 W. Baltimore St.

[illegible] 19 Registrar.

G 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1933 xxxxxxxx, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1933 to 8-21, 1933

I last saw her alive on 8-21, 1933 Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

Senility. Date of onset 6-26-33
Chronic Myocarditis
Arteriosclerosis
Hypostasis

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard J. Hauser M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93106

CERTIFICATE OF DEATH

186 E 93106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 East Madison St. 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U.S. If of foreign birth? 37 yrs. mos. da.

2. FULL NAME Vaclav Svoboda

(a) Residence: No. 2414 E Madison St., Ward. 7th
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Svoboda

6. DATE OF BIRTH (month, day, year) Aug 4 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Vaclav Svoboda
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Grat Kraus
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Francis Svoboda
(Address) 2414 E Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Ameteg Date August 27 1933

19. UNDERTAKER August Resch
(Address) 2406 Ashland Ave.

25 1933 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1933 to Aug 24th, 1933
I last saw this alive on Aug 24th, 1933 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	8-21-33
Other contributory causes of importance: Fracture Left Femur	8-15-33

Was operation Yes Date of
Was diagnosis confirmed? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or homicide? Accident Date of injury 8-15, 1933
Where did injury occur? At home Baltimore
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At home, 2414 E Madison St
Nature of injury Fall on floor
Nature of injury Fracture Left Femur

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Cross, M. D.
(Address) 28 W 25th St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Kilgour)

CERTIFICATE OF DEATH

93107 — Registered No. E 93107

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. Woman's Hosp St., 1-9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hettie G. Kilgour

(a) Residence: No. 601 N. Carey St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Kilgour

6. DATE OF BIRTH (month, day, year) June 26 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME John Gazier

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Minnie H Weller

(Address) 2010 Boone Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Aug 26. 19

19. UNDERTAKER 6 Knight's Miller & Upton

(Address) Huntington Williams, N. Y.

Registrar.

G 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933 to Aug 23, 1933

I last saw h alive on Aug 23, 1933. Death is said to have occurred on the date stated above, at 6 20 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Aug 13, 33
Hypostatic pneumonia	1. 18, 33
Spinal thrombosis	4. 8, 33
	?
Other contributory causes of importance:	?
Arteriosclerosis	Aug 13 -
Hypertension	
Paralysis	

Operation — Date of

What was confirmed diagnosis? Was there an autopsy? No

Was death due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

How did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? Yes - ? If so, specify Fall 8/4/33 - Paraplegia - since

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Hospital for the Women of Md.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9 E 93108 ✓ E 93108

27562 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Johns Hopkins Hospital 20-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marden Lathrop

(a) Residence: No. 308 Augusta ave St., ... Ward. H L + 4F
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-26-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4 17	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Lathrop

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Mildred Burdette

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Brownsville Date August 28 1933

19. UNDERTAKER Chas. [illegible] Barber
(Address) [illegible]

[illegible] Huntington Ave. MD

AUG 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 - 1933 to Aug 25 1933
I last saw him alive on Aug 25, 1933 Death is said to have occurred on the date stated above, at 130 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	8/17
Other contributory causes of importance: Tuberculous Pneumonia	6/3
Diabetes mellitus (?)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. A. Abercrombie M. D.

(Address) J. H. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93109

93109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93109

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry H. Travers.

(a) Residence: No. 5109 Norwood Ave. St., Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~WIFE~~ widowed, ~~WIDOW~~ HUSBAND of ~~DECEASED~~ Sallie Travers.

6. DATE OF BIRTH (month, day, year) November-- 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Raymond Pyle Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas H. Travers.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Jane.--------

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Kenneth K. Kirwan. (nephew)
(Address) 209 Chancery Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cowart Va Date Aug 26 1933

19. UNDERTAKER Harry A. Phelps
(Address) 1914 W. North Ave.

81 82 304 Huntington Williams N.F. Registrar 8/25/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquest Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? Foot of Clinton st.
(Specify city or town, county, and State)
Specify whether Injury occurred in Industry, in home, or in public place Industry.
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. M. Feinstat M. D.
Coroner
(Address) 1017 E. Charles st.

M. D. B 1268-9

✓ E 93110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93110 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Oakmont Av 27-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Spredden

(a) Residence: No. 3714 Oakmont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation 080

12. BIRTHPLACE (city or town) (State or country) Sand Gates Md

FATHER

13. NAME Irwin Spredden

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Arabella Grenwell

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Audrey Dienhart

(Address) 1403 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Joy Chapel - Mary E. Md Date Aug 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible] Huntington Williams, Jr.

AUG 25 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from March 4 1933 to Aug 23 1933

I last saw him alive on Aug 23 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Glyocarditis Hypertension & Cardio-vascular renal disease — Date of onset

Other contributory causes of importance:

Acute pulmonary edema.

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓ 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify, ✓

(Signed) G. Burns Mavadorfer (Transdaughter) M. D.

(Address) 100 E. 20th St.

M. D. B. 1268-9

93111

HEALTH DEPARTMENT—CITY OF BALTIMORE

93111

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Gutman.

(a) Residence: No. 500 Chestnut Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) September 13, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Gutman.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Clubb.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edward Gutman. (brother)
(Address) 3731 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Aug 26th 19 33

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 8/25/33 Huntington Williams, M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull.
Struck and knocked down by an automobile.

Date of onset

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/23/33

Where did injury occur? Greenmount Ave near Chestnut Hill Ave. (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place On public street

Manner of injury Struck by automobile.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Kinnard Coroner, M. D.

8/25/33 (Address) 1017 E. Charles St.

M. D. B. 1269-9

E 93112

E 93112 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 5-01 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizzie Rodgers

(a) Residence: No. 3608 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of: James Rodgers (Sep)

6. DATE OF BIRTH (month, day, year): Dec. 25, 1898

7. AGE: Years 34 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York N. Y.

FATHER

13. NAME: George Brown

14. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

MOTHER

15. MAIDEN NAME: Latter ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records
(Address): Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: Arbutus Cem. Date: 8/26/33

19. UNDERTAKER: Joseph F. Lodes
(Address): 1302 Jefferson St

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26. 1933 to August 23. 1933

Last saw h.. alive on August 20. 1933 Death is said to have occurred on the date stated above, at 5-35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	2 yrs.
Pyelonephritis	1 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) T. B. Magill M. D.

(Address) Baltimore City Hosp

Aug 26 1933

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268-9

93113

Feurer ✓ E 93113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 W. Dover St. St. 19-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Frederick H. Feurer

(a) Residence: No. 1928 W. Dover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary A. Feurer (nee Venn)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Mary A. Feurer
(Address) 1928 W. Dover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Aug 28 19 33

19. UNDERTAKER Harry H. Whitake
(Address) 1826 W. Lexington St.

20. FILED AUG 26 1933 Huntington White, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1933 to Aug 25 . 1933

I last saw h.. alive on Aug 25 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	June 1st
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Andrew H. Streett M. D.

(Address) 45 E. First Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. P. 1268-9 E 93114

HEALTH DEPARTMENT—CITY OF BALTIMORE

AUG 2 1933

23 E 93114

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dolly Ferguson (Dolly Rudolph Ferguson)

(a) Residence: No. 1029 Sarah Ann st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ferguson

6. DATE OF BIRTH (month, day, year) April 10, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Ferguson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rosie Benson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 26, 1933

19. UNDERTAKER Mrs. Katie P. Williams
(Address) 722 N. Schroeder st.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933 to August 24, 1933

I last saw him alive on August 24, 1933. Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

V. S. 3 OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 93115

93115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 White ave St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Blenkner

(a) Residence: No. 4309 White ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christian Blenkner

6. DATE OF BIRTH (month, day, year) Aug. 27. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Wacker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Christian Blenkner

(Address) 4309 White ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Aug 28 1933

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED Registrar.

G 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to Aug 24 1933

I last saw her alive on Aug 12 1933. Death is said to have occurred on the date stated above, at 6:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	2 yr.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Chas A. Schaefer M. D.

(Address) 2903 Echodale Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 93116 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93116

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2436 Frances St. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mack

(a) RESIDENCE No. 2436 Frances ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ of Marion Mock

6 DATE OF BIRTH (month, day, and year) June 17, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Marion Mock
(Address) 2436 Frances St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23/33

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931, to Aug 23, 1933

that I last saw him alive on Aug 22, 1933

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

8/25 1933 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL Aug 28 1933

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Freeman St

TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

93117

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 93117

82-001

CERTIFICATE OF DEATH

REGISTERED NO. 2697

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 Warner St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wardlow

(a) RESIDENCE NO. 914 Warner St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? 11 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Wardlow

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 50 Months — Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: B & O Railroad

9 BIRTHPLACE (city or town): Abbeville

(State or country): S. C.

PARENTS

10 NAME OF FATHER: Benjiman Wardlow

11 BIRTHPLACE OF FATHER (city or town): Abbeville

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: Maggie Child

13 BIRTHPLACE OF MOTHER (city or town): Abbeville

(State or country): S. C.

14 Informant: Maggie Wardlow

(Address): 914 Warner St

15 Filed ..... 19 ..... Registrar, Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 24 19 33

17 I HEREBY CERTIFY, That I attended deceased from Aug 20 19 33 to Aug 24 19 33

that I last saw him alive on Aug 23 19 33

and that death occurred, on the date stated above, at 3:50 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Medical tests

(Signed) W. Atwell Jr. M.D.

19 (Address) 1123 Pleasant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Abbeville S. C.

Date of Burial: 8-26 1933

20 UNDERTAKER: Dan's Corner

ADDRESS 916 Pa ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 26 1933

M. D. B. 1268-9

E 93118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93118

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 W. Pratt St. 70-01 Ward)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret B. Engel.

(a) Residence: No. 2522 W. Pratt St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry A. Engel

6. DATE OF BIRTH (month, day, year): May 16-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Henry P. Squires

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary Birney

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Miss Margaret Engel.

(Address) 2522 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Aug 26th 1933

19. UNDERTAKER: F. D. Weyforth-Son

(Address) 1300 Eutaw Place

Huntington Williams Asst. Registrar

AUG 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from June - 6 - 1933 to August 22 1933. Death is said last saw h[illegible] alive on August 22 1933 at 1:30 p.m. to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1931
Other contributory causes of importance: Pulmonary tuberculosis	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Urine + Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify ...

(Signed) J. Lloyd Johnson M. D.

(Address) 2203 Frederick Ave.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

93119

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93119

#6

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2626 St. Benedict St. 70-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Madgeline Schade

(a) Residence: No. 2626 St. Benedict St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl Francis Schade

6. DATE OF BIRTH (month, day, year) July 5, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home - 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Sullivan Stube

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Nibb

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Louise Stube
(Address) 2626 St. Benedict St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 28 1933

19. UNDERTAKER F. B. Wagner & Son
(Address) 1308 Eutaw Place.

20. FILED ... 19 ... Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1932 to August 25, 1933
I last saw her alive on August 25 1933 death is said to have occurred on the date stated above, at 7:56 a. m.

The principal cause of death and related causes of importance were as follows:

Adeno-carcinoma of rectum with metastases to liver.

Date of onset: Began Dec. 9, 1932

Other contributory causes of importance

Adeno carcinoma of rectum with metastases to liver

Before Dec. 9, 1932

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Leslie Wallace, M. D.

(Address) 2537 Walbrook Ave.

1933

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93120

E 93120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bradley John Jonathan

(a) Residence: No. 1024 Russell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena M. Bradley

6. DATE OF BIRTH (month, day, year) Sept. 21 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 031

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT John G Bradley.
(Address) 1234 Nash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 8/28. 1933

19. UNDERTAKER Bernard C Hafer
(Address) 1000 E Baso St.

20. FILED ... 19 ... Registrar.

Interment in Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 22. 1933 to August 25. 1933

I last saw h... alive on August 22 1933 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/22/33
Other contributory causes of importance:	
Pneumonia	8/23/33

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. J. Thrower Jr. M. D.

(Address) Clinic Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93121

HEALTH DEPARTMENT—CITY OF BALTIMORE

93121

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Brenneman

(a) Residence: No. 137 N. Elwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24, 1933

7. AGE

Years	Months	Days	If LESS than 1 day 2 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Gilbert Brenneman

14. BIRTHPLACE (city or town) (State or country) Texas Penn'a.

MOTHER

15. MAIDEN NAME Marie Boyer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Marie Brenneman
(Address) 137 N Elwood.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 26, 1933

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St.

20. FILED Aug 26 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933 to Aug 25, 1933

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	Aug 24
Congenital defection of lungs	" "

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) William Deckard, M. D.

(Address) Woman's Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93122

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93122

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Holmes Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 65 yrs. ... mos. ... ds.

2. FULL NAME Rosa Wellemin

(a) Residence: No. 3418 Holmes Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Wellemin

6. DATE OF BIRTH (month, day, year) Feby. 1, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Jacob Benker

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mr. I. Wellemin
(Address) 3418 Holmes Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Hebrew Friendship Date Aug. 27, 1933

19. UNDERTAKER Lord Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ... 19... Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1933 to Aug 24 1933

I last saw h alive on Aug 24 1933 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1920
Cerebral Hemorrhage (2 weeks ago)	1933

Other contributory causes of importance:

Embolism, 2 weeks ago	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, what? ...

(Signed) Matthew Gorb M. D.

(Address) 2101 Gwynns Falls Pkwy.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Gilbert Rosenaur

HEALTH DEPARTMENT—CITY OF BALTIMORE

93123

CERTIFICATE OF DEATH

V 131 E 93123

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 28-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gilbert Rosenaur

(a) Residence: No. 4311 Kathland Ave. St., Balto. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Gilbert Rosenaur

6. DATE OF BIRTH (month, day, year) Aug 23, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of Hats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isia Rosenaur

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME Caroline Schlesinger

16. BIRTHPLACE (city or town) (State or country) germany

17. INFORMANT Union Pastoral Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bal. Hebrew Date Aug 27, 1933

19. UNDERTAKER Levy Szollosi & Troy
(Address) 1402 Eutaw St.

20. FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-24-33. 19 to 8-26-33. 19

I last saw him alive on 8-26-33. 19 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Enlarged heart	
arteriosclerotic heart disease	
Chronic nephritis	

Other contributory causes of importance:

Uremia	8-24-33

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Richard Trance M. D.
(Address) Union Memorial Hosp.

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

USE INK

Spec.—1-12-33—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93124

CERTIFICATE OF DEATH.

81 E 93124

REGISTERED NO.

1-PLACE OF DEATH 1218 E. Biddle St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1218 ST., 10-01 WARD)

2-FULL NAME Maria A. Tumminello

(a) RESIDENCE NO. 1218 E. Biddle ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Tumminello.

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: John Maddio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Mr. Sanzone

(Address) 1218 E. Biddle St

Filed AUG 27 1933, 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1933 to Aug. 23, 1933

that I last saw her alive on Aug. 23, 1933

and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bulbar Paralysis.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dr. Tumminello M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 8-28 1933

20 UNDERTAKER: Chas. B. Kucharski

ADDRESS: 1637 E. Pratt St

TION is very important. See instructions on back of certificates.

M. D. H. 1268-9

Lumpkin

HEALTH DEPARTMENT—CITY OF BALTIMORE

93125

CERTIFICATE OF DEATH

X 46 E 93125

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 11-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME M. J. Lumpkin

(a) Residence: No. Baltimore Co. Md., St., ... Ward. Adelaville Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. O. Lumpkin

6. DATE OF BIRTH (month, day, year) July 5 60

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	0	48 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 29

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co. Md
(State or country)

FATHER

13. NAME James Carson

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Anna Lee

16. BIRTHPLACE (city or town) Baltimore Co. Md
(State or country)

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Adelaville Va Date Aug 28 1933

19. UNDERTAKER Wm J Gruber & Sons

(Address) North Avenue.

Aug 27 1933 Huntington Williamsport, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26 1933

22. I HEREBY CERTIFY, That I attended deceased from August 8 1933 to August 26 1933. I last saw h[illegible] alive on Aug 26 1933. Death is said to have occurred on the date stated above, at 5 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Aug 1933

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 8-12-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. Grainger M. D.

(Address) Md. General Hospital

BASIC CAUSE OF DEATH is plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93126 X VE 93126

122-802 Registered No.

1. PLACE OF DEATH Union Memorial Hospital 901 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lloyd S. Wood. (Maiden)

(a) Residence: No. Marietta, Ohio St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mr. Lloyd S. Wood.

6. DATE OF BIRTH (month, day, year) Jan. 4, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

FATHER

13. NAME H. L. Coar

14. BIRTHPLACE (city or town) (State or country) London, England

MOTHER

15. MAIDEN NAME Mary E. Coar

16. BIRTHPLACE (city or town) (State or country) Laurel, Md.

17. INFORMANT Hospital record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Marietta Ohio Date Aug. 27, 1933

19. UNDERTAKER Harry N. Smith & Son
(Address) 410 Edmondson Ave

Huntington Williams N.E. Registrar.

20. FILED 8-27-33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1933 to Aug. 26, 1933

I last saw her alive on Aug. 26, 1933 Death is said to have occurred on the date stated above, at 2:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	8-23-33
Other contributory causes of importance: Post-operative Shock	8-24-33

Name of operation Release of Intestinal Obstruction Date of 8-25-33

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Richard Fance M. D.

(Address) Union Memorial Hosp., City

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93127

CERTIFICATE OF DEATH

46 E 93127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 N. Belnord Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward R. Clark

(a) Residence: No. 628 N. Belnord Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Anna C. Clark

6. DATE OF BIRTH (month, day, year) May 4th 1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Manufacturing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm H. Clark

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rebecca Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna C Clark

(Address) 628 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date Aug 28th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Aug 27 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1932 to Aug 25 1933

I last saw h[illegible] alive on Aug 25 1933. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Cardiac Carcinoma	Nov 1932

Other contributory causes of importance: Cardiac Failure

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Lurie M. D.

(Address) 3[illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Jawes

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93128 E 93128

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr George Jawes

(a) Residence: No. 1113 W Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Oct 1. 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Mr George Jawes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mrs Carey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Medical Record (Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 8/27, 1933

19. UNDERTAKER Wm Cook & Co (Address) 1217 St Paul St

Huntington Williams, M.D. Registrar.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1933, to Aug 26, 1933. I last saw him alive on Aug 26, 1933. Death is said to have occurred on the date stated above, at 10.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days

Other contributory causes of importance:

Name of operation Clinical + Laboratory Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93129 E 93129 93-033

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Apt 7E - 100 W University Parkway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Van Ness Buzby

(a) Residence: No. Apt 7E - 100 W Univ. Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, ~~Widowed~~ or divorced (or) WIFE of Samuel Stockton Buzby

6. DATE OF BIRTH (month, day, year) DEC. 28 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) NONE

11. Total time (years) spent in this occupation NONE

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, MD

FATHER

13. NAME Henry Hutton

14. BIRTHPLACE (city or town) (State or country) WASH. D.C

MOTHER

15. MAIDEN NAME Meta Van Ness

16. BIRTHPLACE (city or town) (State or country) St. Augustine, Fla

17. INFORMANT Richard N. Randall

(Address) 621 W. Univ. Pkway Balto.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date 8/28/33 19

19. UNDERTAKER Henry W. Jenkins, Sons Co.

(Address) Mt. Cub. & Roland Ave.

27 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from January, 1925 to Aug 25, 1933

I last saw her alive on August 25, 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Sydney R. Miller M. D.

(Address) 1115 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

93130 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93130

CERTIFICATE OF DEATH.

V 92-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3448 Roland Ave. (St.) 13-01 (Ward)

2-FULL NAME George M Wittkamp

(a) RESIDENCE NO. 3448 Roland Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Wittkamp

6 DATE OF BIRTH (month, day, and year) Mar 2 1858

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer United Ry Co

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Henry Wittkamp

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hales

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Anna M Wittkamp

(Address) 3448 Roland Ave

15 Filed Huntington Williams, N.R. Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

, 19 (Address) 3432 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Retreat Date of Burial Aug 26 1933

20 UNDERTAKER H.S. Marshall ADDRESS 3539 Fall Road

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93131

E 93131

CERTIFICATE OF DEATH

54-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton Ave St., 25 Ward)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Elizabeth Howard

(a) Residence: No. Catonsville, Md Shurwal Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Howard

6. DATE OF BIRTH (month, day, year) 1886

7. AGE: Years 47 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lawrence Keller

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Alice Keller

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Mr James Howard

(Address) Catonsville, Md Shurwal Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Date Aug 28 33

19. UNDERTAKER C. Propst Sons

(Address) Catons Md

27 1933 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1933 to Aug 26, 1933

I last saw She alive on Aug 26 1933 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocardial Failure

Other contributory causes of importance:

Secondary Anemia

Name of operation Hysterectomy Date of Aug 26/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. Gouldon M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(Green)

VE 93132

93-003

93132

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 N. Gay St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas. Green

(a) Residence: No. 714 Eutaw St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1889

7. AGE: Years 44; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boot Black

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greenville S. C.

MOTHER FATHER

13. NAME: Job Green

14. BIRTHPLACE (city or town) (State or country): S. C.

15. MAIDEN NAME: Rose

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Rose Lee Green

(Address) 524 W 137-N of Lenox

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug. 28th 1933

19. UNDERTAKER: Bloom & Manges H. Wright

(Address) 2 Mine & Liberty St Huntington Williams, W. Va.

Registrar

AUG 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 2 years

Other contributory causes of importance:

Name of operation: Regula Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leech Coroner M. D.

(Address)

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSPITAL St., 27 Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DANIEL KREMEN

(a) Residence: No. 4929 DENMORE AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) SEPT. 25th. 1924.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) CHICAGO ILL.

FATHER

13. NAME SIMON KREMEN

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME ANNA

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT HOSPITAL RECORDS

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date 8/21/33 19

19. UNDERTAKER JACK LEWIS INC.

(Address) 1439 E. BALTIMORE ST.

20. AUG 23 1933 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 24th. 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
PHOSPHORUS POISONING	
RAT POISON	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93134 | 186-001 | E 93134

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial Hospital St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernst Carl Zscheuschler

(a) RESIDENCE NO. 4536 Schenley Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residenre in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Zscheuschler

6 DATE OF BIRTH (month, day, and year) March 18, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	79	5	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 18 years
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Annie Zscheuschler
(Address)

15 Filed ... 19... Registrar

7 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-25-1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull -
due to falling down
Cellar steps.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Groeschen M. D.

19 (Address) 3632 Colard Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug. 29, 19 33
20 UNDERTAKER Horace F. Burgee Horace F. Burgee	ADDRESS 3631 Falls R

Important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93135

CERTIFICATE OF DEATH

E 93135

Registered No. 2/2-221

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital. St., 14-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. --mos.-- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Forrest.(C)

(a) Residence: No. 1427 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (XXXXXXXXXX) Annie Forrest.(C)

6. DATE OF BIRTH (month, day, year) February 22, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymoth N.C.

FATHER

13. NAME Samuel Forrest.(C)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Annie Forrest.(C) wife.

(Address) 1427 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Aug 27, 1933

19. UNDERTAKER Joseph A Lipsky

(Address) 1409 N. Mount Street

27 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull. struck and knocked down by automobile

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/28/33 19

Where did injury occur? Edmondson Ave. Catto, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On public street.

Manner of injury Struck and knocked down by an automobile.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

8/25/33 (Signed) Hoke Reinhardt Coroner, M. D.

(Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93136 E 93136

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 7-a Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J. Schwarting
(a) Residence: No. Pikesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced - (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Bernhart J. Schwarting
14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER
15. MAIDEN NAME Elnor Bakewell
16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Bernhart J. Schwarting
(Address) Pikesville

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 30 1933

19. UNDERTAKER J. F. Elmer Sons
(Address) Westminster Md

20. FILED 8/31/1933 Huntington Williams, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 18 1933 to August 26 1933
I last saw her alive on August 26, 1933 Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.
(Address) Sinai Hospital

E 93137

M. D. B. 1268-9

93137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Edward J Kraus

(a) Residence: No. 711 E. 22nd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Stephen D Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anne Stevens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mercy Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date Aug 30 1933

19. UNDERTAKER H. Wyckoff & Co. Funeral Directors
(Address) 1711 Eutaw St Baltimore, Md.

20. FILED AUG 28 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1933 19.. to Aug 27 1933

I last saw h.. alive on Aug 26 1933 Death is said to have occurred on the date stated above, at 2:06 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ulcerative Colitis with Peritonitis	8 days
Other contributory causes of importance: Pulmonary Embolism	12 Min

Name of operation Exploratory Date of Aug 27 1933

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. C. Buttenwieser M. D.

(Address) Mercy Hospital Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

E 93138

M 93138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: St. Agnes' Hospital

CITY OF BALTIMORE: (No. Whiting St. 27-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kirill Eugalitcheff

(a) Residence: No. 6303 Clearspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moscow

FATHER

13. NAME John A. Eugalitcheff

14. BIRTHPLACE (city or town) (State or country) Moscow

MOTHER

15. MAIDEN NAME B Yosava

16. BIRTHPLACE (city or town) (State or country) Moscow

17. INFORMANT John Eugalitcheff
(Address) 6303 Clearspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Aboreland Memorial Park Date Aug 28 1933

19. UNDERTAKER Henry P. Jenkins & Bro Co
(Address) Orchard & Eutaw

28 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27 1933 to Aug 27, 1933

I last saw him alive on Aug 27 1933. Death is said to have occurred on the date stated above, at 8.25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Sarcoma of Rt. testicle	
(2) Retro-peritoneal, hepatic, & pulmonary metastases	

Other contributory causes of importance:
Bilateral Hydronephroses & hydroureters.
Iliac & vena cava thromboses

Name of operation Orchectomy. Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Govatos M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93139

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Arden Rd. St., 27-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Watkins

(a) Residence: No. 2208 Arden Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 1920

7. AGE — Years 13 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Watkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ruth McCubbin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Albert Watkins

(Address) 2208 Arden Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Sunnymount Date 8/28 1933

19. UNDERTAKER J. M. Cokes & Son

(Address) 1519 E. Fort Ave

20. FILED ... 19... ... Registrar.

AUG 28 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1933

22. I HEREBY CERTIFY, That I attended deceased from August 11 1933 to August 26 1933.

I last saw her alive on August 26 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	1930
(Clear up in old chronic endocarditis)	
Other contributory causes of importance:	
Cardiac decompensation	Aug 11. 1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Roger M. Little, M. D.

(Address) 2435 Maryland Ave

M. D. B. 12[illegible]

27649 93140

E 93140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W Shuffield

(a) Residence: No. Florence Cuttaldon Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/18/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
/	1	1	/

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bertha Shuffield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Aug 26, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED Aug 26 1933 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1933, to Aug. 19, 1933

I last saw him alive on Aug. 19, 1933. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro-intestinal disturbance (diarrhea)	[illegible]
Intussusception	?
acetone	?

Other contributory causes of importance:

Circulatory failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John H. Washington, M. D.

Address Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93141

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-91 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Etta Louise Gettings

(a) Residence: No. 1417 Orleans St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/24/33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3/24/33	0	4 m	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT .....
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff. Med College Date Aug 24 1933

19. UNDERTAKER .....
(Address) Washington Hill Funeral Home

AUG 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on 8/12 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. N. D.	
Acute Nutritional Disturbance	8/3/33
Diarrhea	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-B

E 93142

E 93142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Zullo

(a) Residence: No. 235 Colgate Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/20/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Zullo

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Muller

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Aug 24, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible]
(Signature or Initials of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933 to Aug 20, 1933

I last saw her alive on Aug 20, 1933. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Intracranial hemorrhage	"

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93143

E 93143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3108 Walbrook Ave (Ward) 15-01

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth C. Meinsell

(a) Residence: No. 3108 Walbrook ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Josephine H. Meinsell

FATHER

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary McLaughlin

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT (Address) Helen M. Ritchey 3337 Evergreen Rd Balto

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Date Aug 28. 1933

19. UNDERTAKER (Address) John C. Mildenberger & Sons 1730 Eutaw Place

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8 1933 to Aug 25 1933

I last saw h[illegible] alive on Aug 25 1933 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	May 8/33

Other contributory causes of importance:

arterio-sclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Dublett M. D.

(Address) 2220 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 87-12 93344

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Hamond St., 4th Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME John Gray

(a) Residence: No. 727 Hamburt St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Gray

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Carolina

FATHER

13. NAME Alfred Gray

14. BIRTHPLACE (city or town) (State or country) S Carolina

MOTHER

15. MAIDEN NAME Susan

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Lillie Gray

(Address) 727 Hamburt

18. BURIAL, CREMATION, OR REMOVAL Date F.C. 8 24 1933

Place Hartenberg

19. UNDERTAKER Dennis Easton

(Address) 216 E Pratt

Registered

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 26, 1933

I last saw him alive on Aug 25 1933 death is said to have occurred on the date stated above, at 930P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Aug 8 33

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. S. McCaul, M. D.

(Address) 2029 Mid. Bell Co

Aug 28 1933

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93145

CERTIFICATE OF DEATH

E 93145 — REGISTERED NO. 97

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 W. Garrison ST. 5-01 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Durham Sohl

(a) RESIDENCE NO. 3023 W. Garrison ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry S Sohl

6 DATE OF BIRTH (month, day, and year): July 16-1846

7 AGE: Years 87 | Months 1 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jeremiah Durham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs Catherine Abendschein

(Address) 3023 W. Garrison Ave

15 Filed Aug 29 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27-1933

17 I HEREBY CERTIFY, That I attended deceased from August 9, 1933, to Aug 27, 1933, that I last saw her alive on Aug 27, 1933, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

I. Arteriosclerosis ?

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Edema Legs (duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arnold Subert, M. D.

, 19 (Address) 3608 Keyworth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Bur

DATE OF BURIAL: Aug 31 1933

20 UNDERTAKER: H. E. Joseph

ADDRESS: Aug. 30 1933 855 Madison

M. D. B. 1268-9

✓ E 93146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93146 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11-06 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Richardson

(a) Residence: No. 1128 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15th 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Richardson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Reynolds

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Friend) Elizabeth Day
(Address) 1128 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Aug 29 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lexington St.

AUG 28 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28 1933 to August 25 1933

I last saw h.m alive on August 21 1933. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis	1930
Acute Nephritis	1st
Lobular pneumonia	2nd
Dyspnoea	2nd

Other contributory causes of importance:
Chronic Nephritis

Name of operation Osteotomy Amputation Date of 8/1/33

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jean L. Eastman M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 93147

E 93147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ben Venue Hosp. ST. 70-01 WARD)

2-FULL NAME Mrs. Anna M. Ledden

(a) RESIDENCE NO. 2018 - W. Fayette ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Ledden

6 DATE OF BIRTH (month, day, and year) Jan 25. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	62	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Henry Hellbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Hembach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John N. Ledden 2018 W. Fayette St

15 Filed G 28 1933

16 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/33

17 I HEREBY CERTIFY, That I attended deceased from 5/23, 1933, to 8/27, 1933

that I last saw her alive on 8/27, 1933

and that death occurred, on the date stated above, at 6 30 A. M.

The CAUSE OF DEATH* was as follows:

C. V. D. disease

Arterial Hypertension.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Aloha H. Crawther M. D.

(Address) Ben Venue Hosp.

, 19

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Aug 30 1933

20 UNDERTAKER John W. Teufel & Son ADDRESS 801 W Fayette

& Mrs.

HOW IS any important. See instructions on back of certificates

M. D. P. 1268-9

E 93148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93148

CERTIFICATE OF DEATH

Registered No. [redacted]

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in hospital or institution, give NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-0 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth, yrs. mos. ds.

2. FULL NAME Upton Davis

(a) Residence: No. 221 South Carolina St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Maggie Davis

6. DATE OF BIRTH (month, day, year) Dec 16 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Maggie Howard

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 8/24/33

Place National Cem

19. UNDERTAKER Richard H. Arey & Son

(Address) 1620 Eutaw Pl

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24

22. I HEREBY CERTIFY, That I attended deceased from July 17 1933 to Aug 24 1933

last saw him alive on Aug 21 1933 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus

Other contributory causes of importance: Bronchopneumonia

Name of operation None Date

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

26 1933

Spec.—1-10-21—MAT—1500 Blks.

E 93149

E 93149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 521 N. Carey ST. 18-01 WARD)

2-FULL NAME Eliza Jane Brown

(a) RESIDENCE NO. 521 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs., ... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Brown

6 DATE OF BIRTH (month, day, and year): May 5-1871

7 AGE: Years 62 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer .....

9 BIRTHPLACE (City or town) (State or country): W. Va

PARENTS

10 NAME OF FATHER: James Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Sarah Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va

14 Informant (Address): Mamie Whiting 521 No. Carey St.

15 Filed AUG 28 1933, 19 .....

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-25 1933

17 I HEREBY CERTIFY, That I attended deceased from 8-24, 1933 to 8-25, 1933, that I last saw her alive on 8-25, 1933, and that death occurred, on the date stated above, at 11 50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Acute Cardiac Dilatation

Pulmonary Edema

(duration) yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. F. Jackson M. D.

8/26 1933 (Address) 600 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chas. G. Cooper

DATE OF BURIAL: 8/29/33

20 UNDERTAKER: Mt Calvary Cem.

ADDRESS: 514 No. Eutaw St.

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 93150

3150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 Orleans St., 6-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Magruder

(a) Residence: No. 722 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Magruder

6. DATE OF BIRTH (month, day, year) Mar 10 1861

7. AGE Years 32 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catrit Co Md

FATHER

13. NAME Jeremiah Magruder

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Elizabeth Boyce

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mamie Magruder
(Address) 114 Dunk St

18. BURIAL, CREMATION, OR REMOVAL Place Arbor Cem Date Aug 29 1933

19. UNDERTAKER Chas H Brack
(Address) 1424 Pennsylvania Ave

FILED AUG 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation Regulus Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Feick M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

E 93151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93151

92-001

CERTIFICATE OF DEATH

Registered No. 92-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 W. Fairmount Ave. 26 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Martin Young

(a) Residence: No. 1917 W. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Young.

6. DATE OF BIRTH (month, day, year) Sept. 6-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) 8/26/33

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Joseph T. Young

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Lapp

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary Young

(Address) 1917 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Aug 29 1933

19. UNDERTAKER George L. Schwab

(Address) 1 Frederick Ave

Hunter-Ford-Williams Co.

AUG 28 1933

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933 to Aug 26, 1933

I last saw h[illegible] alive on Aug 26, 1933 death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1933 Ft.
Pulmonary Edema	8/26/33

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

Physical signs

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. S. Culverhouse M. D.

(Address) 1901 Eutaw Place

M. D. B. 1268-9

E 93152

HEALTH DEPARTMENT—CITY OF BALTIMORE

93152 23v

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 26-01 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Anthony F. Sullivan

(a) Residence: No. 610 S. Lakeside St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Sarah B Sullivan

6. DATE OF BIRTH (month, day, year) Dec. 25 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
36	78	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager ? ? Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Vincent Sullivan

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Teresa ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Aug. 28, 19 33

19. UNDERTAKER HENRY SAUER & SONS, INC.
(Address) Baltimore
Washington Williams, Jr.
Registrar.

20. FILED AUG 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933 to August 27, 1933.
I last saw he was alive on August 27, 1933 Death is said to have occurred on the date stated above, at 8:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Peritonitis, tuberculous	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Magid M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 93153

93153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE MD. St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John I. Woods (John Thomas Wood)

(a) Residence: No. 1825 N. Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 18.1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year) 1893
11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER FATHER

13. NAME John Dobin Wood
14. BIRTHPLACE (city or town) Ellicott City
(State or country) Md.
15. MAIDEN NAME Sarah Ann Parker
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Miss Mary M. Wood (Sister)
(Address) 1825 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Lorson Park Cem. Date Aug. 30, 1933
19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. F. Sander
(Address) Baltimore St. & Broadway

20. AUG 28 1933 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1933 to Aug. 27, 1933
I last saw h[illegible] alive on Aug. 27, 1933 death is said to have occurred on the date stated above, at 9:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	9 y
Hydronephrosis	2 yr
Uremia	2 weeks

Other contributory causes of importance:
none

Name of operation none Date of —
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible], M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93154

93154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 W. Lombard St., 16-01 Ward)

Length of residence in city or town where death occurred 51 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Haynes

(a) Residence: No. 1111 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 12th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobal 0+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Geo H. Haynes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elenor T. Bowen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Walter S. Haynes

(Address) 1131 W Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8/29/1933

19. UNDERTAKER John F. Howard & Son

(Address) 901 W. Pratt St.

AUG 23 1933

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Aug 25 1933

I last saw h... alive on Aug 25 1933. Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	1 yr.

Other contributory causes of importance:

None.	

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93155

93155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4017 Main ave St., 15-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 2 yrs. ..... mos. ..... ds.

2. FULL NAME Rachel Rosenfeld

(a) Residence: No. 4017 Fountain ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Minna Rosenfeld
(Address) 1434 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 8/28/33

19. UNDERTAKER Jack Levin Funeral Home
(Address) 32 E. Baltimore St

AUG 28 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Aug 26, 1933.

I last saw h[illegible] alive on Aug. 26, 1933. Death is said to have occurred on the date stated above, at 5[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1915
Uterine Hemorrhage	Aug 26 1933

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Medical Examiner M. D.

(Address) 4001 Fountain Ave.

OCCUPATION is very important. See instructions on back of certificate.

Dr Ketzky - 1207 Eutaw Pl

E 93156

E 93456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Eutaw Pl St., 13 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 59 yrs. ... mos. ... ds.

2. FULL NAME Etta Schmitzmer

(a) Residence: No. 2437 Eutaw Pl St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abe Schmitzmer
(Address) 2437 Eutaw Pl

18. BURIAL, CREMATION, OR REMOVAL
Date 8/28/33, 19...

19. UNDERTAKER Jack Lemmey
(Address) 1937 Eutaw Pl

20. FILED AUG 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1931 to Aug 27, 1933

I last saw her alive on Aug. 27, 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1931
Cerebral Hemorrhage - Hemiplegia Lt.	7/33

Other contributory causes of importance:

Bronchopneumonia	8/24/33

Name of operation No Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No - If so, specify ...

(Signed) Joseph H. Ketzky, M. D.

(Address) 1207 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93157 VE 93157

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Hanline (Hanline)

(a) Residence: No. Marlborough Blvd St., Curtis Blvd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Bertha F. Hanline

6. DATE OF BIRTH (month, day, year) Sept. 19, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	81	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfgr.

10. Date deceased last worked at this occupation (month and year) 0 4 5

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mordy Hanline

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Nauenberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. Hanline

(Address) Marlborough Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Friendship Date Aug 29, 1933

19. UNDERTAKER Baird Lindheim & Son

(Address) 1202 Eutaw Place

20. FILED 19..... Registrar

AUG 28 1933 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933 to Aug 29, 1933

I last saw h... alive on Aug 27, 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/25/33
Other contributory causes of importance:	
Valvular malformation of heart	8/25/33
Chronic myocarditis	1904
Chronic Nephritis	1904

Name of operation Exploratory Date of Aug 24

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Lowe M. D.

(Address) Sinai Hospital

AACo. 5-31 2508

93158 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93158

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 76-01 Ward) Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Emma Stanek

(a) Residence: No. 4707 Hazelwood Ave St., ... Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Stanek

6. DATE OF BIRTH (month, day, year) Sept 7, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	72	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Mary Franz

(Address) 4707 Hazelwood Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Date Aug 30, 1933

19. UNDERTAKER Wm J Tuchner & Sons

(Address) Mount, Pa

AUG 28 1933, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1933 to August 27, 1933

I last saw her alive on August 27 1933 death is said to have occurred on the date stated above, at 1.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr. myocarditis	
Congestive heart failure	

Other contributory causes of importance:

Chronic passive congestion of liver	
Senility	

Name of operation None, Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. M. Magauseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Filed AUG 28 1933 Registrar. Interim Certificate

M. D. B. 1268-0

93159 HEALTH DEPARTMENT—CITY OF BALTIMORE 93159

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Found at 4 N Front St

CITY OF BALTIMORE: (No.) Mercy Hospital St., 5-01 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melvin H. Barney

(a) Residence: No. 4 N Front St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Barney

6. DATE OF BIRTH (month, day, year) Jan 23-1881

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	52	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 108

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Book Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Walter Barney

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Margaret Lisane

(Address) 2129 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place London Date aug 29 1933

19. UNDERTAKER W. J. Tickner & Son

(Address) Mt. Airy Md

AUG 28 1933

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	10 hrs
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James H Fenton M. D.

Coroner

(Address) York Road

M. D. P. 1268-9

93160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

E 93160

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 26 Ward)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian M Miller

(a) Residence: No. Balto City Hos. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Eberhart
(Address) 1612 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Augus 1933

19. UNDERTAKER Wm J Tickner & Sons
(Address) 1122 W Pratt St

20. FILED Aug 28 1933 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/21 . 1933 to 8/26 . 1933

I last saw h alive on 8/26 . 1933 Death is said to have occurred on the date stated above, at 11:15 AM.

The principal cause of death and related causes of importance were as follows: Abdominal Malignancy, ~~C.V. Accd~~ Arteriosclerosis Hypertension Cardiac failure

Date of onset
?
?
?
2 yrs
4 mos

Other contributory causes of importance: Mid thigh amputation left

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G Reiter M. D.

(Address) Balto. City Hosp.

M. D. E. 1266-9

E 93161

E 93161 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Edw 13 3

2. FULL NAME JOHN H. DEKOWSKI.

(a) Residence: No. 3706 Hudson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2 1931.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank H. Dekowski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Erma Williams.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frank H. Dekowski (Father)

(Address) 3706 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Aug. 28 1933

19. UNDERTAKER Zilly & Euler Inc.

(Address) 405 S. Wolfe St. ~~Hampton Hilton, N.J.~~

AUG 28 1933

, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Suspicious Autopsy

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Frank M. D.

Coroner

(Address) Borden

M. D. B. 1268-9

93162 ME 93162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ +210-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital W. 26-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME William I. Kelly.

(a) Residence: No. 1 Broadship Rd. Dundalk Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 1, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	22	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker 0-46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William J. Kelly.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Aloff.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Elizabeth Kelly. (mother)
(Address) 1 Broadship Rd. Dundalk.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Aug. 29 19 33

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 4038 E. Pratt St.

19 [illegible] Registrar. 8/23/33

G 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of the skull. Knocked from an automobile of which he was an occupant.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/27/33 19.....

Where did injury occur? Rise Ave Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On public st.

Manner of injury Knocked from automobile

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Reinhardt M. D.
Coroner

(Address) 1017 E. Charles St.

E 98163

M. D. B. 1268-9

E 98163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Madiera St. St., 8-01 Ward)

Length of residence in city or town where death occurred About 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY KEHNE.

(a) Residence: No. 1511 N. Madiera St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Kehne.

6. DATE OF BIRTH (month, day, year) July 4 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	21.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Justin Kehne.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Sophia Carter.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Regina Kehne (Wife)
(Address) 1511 N. Madiera St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Aug. 28. 1933

19. UNDERTAKER Lilly & Sons Inc.
(Address) 423 S. Wolfe St.

20. FILED Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933 to Aug. 25, 1933

I last saw h alive on Aug 24, 1933 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr
Hypertension	1 yr.
Uraemia	5 d
Other contributory causes of importance: Chronic Interstitial Nephritis	14 d.

Name of operation No Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos F. Stevens M. D.

(Address) 2878 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93164

CERTIFICATE OF DEATH

E 93164
93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S. Curley St., 1-a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Ardanoska

(a) Residence: No. 513 S Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Ardanoska

6. DATE OF BIRTH (month, day, year) Apr 13 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Grottendieck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Ardanoska
(Address) 513 S Curley St

18. BURIAL, CREMATION, OR REMOVAL
Place Emanuel Cem Date Aug 30 1933

19. UNDERTAKER John Merck
(Address) 2005 Orleans St

20. FILED Aug 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Aug 26, 1933

I last saw h alive on Aug 23, 1933 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Arterio Sclerosis

Other contributory causes of importance:

Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 2015 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

E 93165

M.D. 1-1200-1

E 93165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Scott St. St.) 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANTHONY ULCHINSKY

(a) Residence: No. 127 Scott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of [illegible] Margaret Ulchinsky

6. DATE OF BIRTH (month, day, year) Dec. 5, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo Chester
(Address) 127 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peter's Cemetery Date 8/30 1933

19. UNDERTAKER Chas F. Kraus & Son
(Address) 118 W. Mt. Royal Ave.

AUG 28 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to Aug 27, 1933

I last saw h. alive on Aug. 27, 1933 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	[illegible]
Exhaustion	8/26/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. K. Campbell M. D.

8/28/33 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

E 93166 V TM E 93166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital. St., 18-W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. --mos---ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William LeRoy Rimmel.

(a) Residence: No. 1224 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed or divorced HUSBAND of XXXXXXXXX Lelia Rimmel.

6. DATE OF BIRTH (month, day, year) June 20, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Verona, Pa.

FATHER

13. NAME Oliver Rimmel.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Nora Van Landingham.

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMANT Theodore O. Rimmel. (brother)

(Address) Plum St. Verona, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 25, 1933

19. UNDERTAKER Huntington Williams

(Address) 1230 W. Lombard St.

AUG 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull, Pulmonary Oedema. Knocked from a motor-cycle in collision with an Automobile.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/22/33 19

Where did injury occur? Fremont Ave & Saratoga.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Knocked from a motor cycle.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Mort Kinkaid Coroner, M. D.

8/26/33 (Address) 1017 E. Charles St.

M. D. B. 1269-B

93167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93167

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 7 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hoskins

(a) Residence: No. 637 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Hattie Hoskins (deceased)

6. DATE OF BIRTH (month, day, year)

7. AGE	Months	Days	If LESS than 1 day, hrs. or min.
69 Years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - Jr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Springs Alabama

FATHER

13. NAME George W. Hoskins

14. BIRTHPLACE (city or town) (State or country) Union Springs Alabama

MOTHER

15. MAIDEN NAME Veana ?

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Records (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug. 28, 19

19. UNDERTAKER

(Address) Huntington Williams, N.H.

20. FILED 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933 to August 22, 1933

I last saw him alive on August 22, 1933 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	?
Hypertension	?
Gangrene, right foot, arteriosclerotic	2 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magill M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93168

HEALTH DEPARTMENT—CITY OF BALTIMORE

93168

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital (Ward) 4-07

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Owens

(a) Residence: No. 628 W. Fayette St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23, 1869

7. AGE — Years: (63) → 63 | Months: 8 | Days: 0 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ship fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 015

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country) North Wales

FATHER

13. NAME Owens

14. BIRTHPLACE (city or town) (State or country) North Wales

MOTHER

15. MAIDEN NAME Mary Owens?

16. BIRTHPLACE (city or town) (State or country) North Wales

17. INFORMANT Dell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interment of Md Date Aug 28, 19 33

19. UNDERTAKER
(Address) Huntington Williams, N.Y.

20. FILED 8 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1933 to 8-23, 1933.

I last saw him alive on 8-23, 1933 Death is said to have occurred on the date stated above, at 330 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Benign Prostatic Hypertrophy	?
b	
c	
d	

Other contributory causes of importance:

Uremia	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93169

CERTIFICATE OF DEATH

E 93169

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 4-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Jackson

(a) Residence: No. 2 Frederick st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabelle Jackson

6. DATE OF BIRTH (month, day, year) Sept. 12, ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	27 ?	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Jackson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cora Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emerson, Md. Date Aug 28, 19 33

19. UNDERTAKER Huntington Williams, Inc.
(Address)

AUG 28 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1933 to August 25, 1933

I last saw him alive on August 25, 1933. Death is said to have occurred on the date stated above, at 12.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

INSTRUCTION IS very important. See instructions on back of certificate. OCCUPATION

93170 STATE OF MARYLAND—CERTIFICATE OF DEATH 93-B 93170

1. PLACE OF DEATH

Registration Dist. No.

County

Village or City Baltimore No. 1301 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cartzendafner

(a) Residence: No. 3628 Hickory Ave St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cleveland Cartzendafner

6. DATE OF BIRTH (month, day, and year) Aug 1 1853

7. AGE Years 79 | Months 0 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME William Hopkins

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT (Address) Mrs William Fitzhugh 3624 Hickory Ave Bal.

18. BURIAL, CREMATION, OR REMOVAL Place Pipe Creek Cem Date Aug 30 1933

19. UNDERTAKER (Address) D Hartley Sons Union Bridge Md

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 26 (Day) 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1933, to Aug 26, 1933, death is said to have occurred on the date stated above, at 9.35 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

Arteriosclerosis
Ch Myocardial disease

Date of onset ?

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following.

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Karl J Steinmiller M. D.

(Address) Medical Arts Bldg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

93171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93171

94-00K

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 Beechdale Rd St., 27-01 Ward)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. 72-2-4

2. FULL NAME Horace Laurence Smith

(a) Residence: No. 117 Beechdale Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE Laurene H. Smith

6. DATE OF BIRTH (month, day, year) June 23 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Inspector & Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfr. Cotton Woolen Mills

10. Date deceased last worked at this occupation (month and year) about July 1933

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Sunflower Co. Mississippi

FATHER

13. NAME Horace T. Smith

14. BIRTHPLACE (city or town) (State or country) Probably N.Y. or Conn.

MOTHER

15. MAIDEN NAME Cannot ascertain

16. BIRTHPLACE (city or town) (State or country) New Orleans Louisiana

17. INFORMANT Mr. Albert Ford Smith, son

(Address) 693 Gladstone Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Mount Date Aug. 29, 1933

19. UNDERTAKER Stewart & Brent Co.

(Address) 1828 N. Mt. Ave.

20. FILED AUG 28 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8, 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20 1933 to Aug. 27 1933

Last saw h. alive on Aug. 27, 1933 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	28 days
Other contributory causes of importance: Arteriosclerosis	11 yrs

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James C. Clarke M. D.

8-28-33 (Address) 2a E. Mt. Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93172 ✓ 93172

CERTIFICATE OF DEATH

+ 125-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 20 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Waters

(a) Residence: No. St. Hemina Md St., Ward. D 27

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 18. 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	41	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles F. Waters

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Charles F Waters Jr

(Address) Relay

18. BURIAL, CREMATION, OR REMOVAL

Place Elk Ridge Md Date Aug 30 1933

19. UNDERTAKER Rayner Sanders

(Address) 1713 Preston St

20. FILED Aug 30 1933 Clayton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933 to Aug 26 1933

I last saw h alive on Aug 26, 19 Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Multiple Lung Abscess	
Other contributory causes of importance:	

Name of operation Resection Date of Aug 5

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James J. Moore M. D.

(Address) University Hospital Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Leahy

HEALTH DEPARTMENT—CITY OF BALTIMORE

93173 E 93173

CERTIFICATE OF DEATH

121 Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 10 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William James Leahy

(a) Residence: No. 323 S. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 29, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John J. Leahy

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Violet McNamus

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mr. John J. Leahy (Address) 323 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Place Sav Cathedral Date 8/30 1933

19. UNDERTAKER Harry A. Little (Address) 101 [illegible]

AUG 26 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-20 1933 to 8-27 1933

I last saw [illegible] alive on 8-27 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause [illegible]	

Other contributory causes of importance: Streptococcic sepsis

Name of operation [illegible] Date of operation 8-27 1933

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93174

CERTIFICATE OF DEATH

E 93174

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Fulton Ave St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Boette

(a) Residence: No. 204 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Theodore Boette

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Sweitzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ina Mary M. Kuhlen
(Address) 204 S. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudoun Park Date Aug 29, 1933

19. UNDERTAKER Harry H. Switzer
(Address) 4101 Edmondson Ave

20. FILED Huntington Williams, Registrar.

AUG 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933 to Aug 26, 1933.

I last saw him alive on Aug 26, 1933. Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis coronary	7 yrs
Other contributory causes of importance: Auto cardiac dilatation	5 yrs

Name of operation None Date of

What test confirmed diagnosis Clinical findings Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benjamin Muller, M. D.

(Address) 1030 Wilkens Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93175 E 93175 11-807

Registered No. .....

1. PLACE OF DEATH 3101 Tyndale Ave. 27-01
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Spencer R. Hall

(a) Residence: No. 3101 Tyndale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth A.

6. DATE OF BIRTH (month, day, year) Sept 22 - 1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. public school
10. Date deceased last worked at this occupation (month and year) At present
11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Balto: Md

FATHER

13. NAME John J. Hall
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lina J. Russell
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT E. Ellsworth Hall
(Address) 1617 Clifton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/29 1933

19. UNDERTAKER Leonard J. Rutt
(Address) 505 Hartford Ave

Huntington Pollock & Co Inc

20. FILED 8/29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22 1933 to Aug. 26 1933

I last saw ~~him~~ alive on Aug. 26 1933 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency duration 5 days	8/21/33
Bronchopneumonia (influenzal type)	8/21/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? physical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Sobieski M. D.
(Address) 747 N. Kenwood Ave.

M. D. B. 1265-9

Mc Gehee ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93176

CERTIFICATE OF DEATH

E 93176

51

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Fitchens & Caton 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Waverly Mc Gehee

(a) Residence: No. 25-22 Clairmont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorena Mc Gehee

6. DATE OF BIRTH (month, day, year) July 31-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER

13. NAME Waverly Thornhill Mc Gehee Sr

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rose Canzin

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Lorena Mc Gehee
(Address) 25 22 Clairmont

18. BURIAL, CREMATION, OR REMOVAL
Place Pen Cyth Co Date Aug 30 1933

19. UNDERTAKER Leonard Myers
(Address) 505 W. 36th St

Huntington Williams, Registrar.

AUG 28 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18. 1933 to Aug. 27, 1933
that I last saw him alive on Aug. 27. 1933. Death is said to have occurred on the date stated above, at 12 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Papillary Carcinoma of Rt kidney	
(2). Abdominal & Pulmonary metastases.	
(3). Ascites	
(4). Cachexia	
Other contributory causes of importance:	

Name of operation Nephrectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George Govatos M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E 93177

93177

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3607 Clifton Avenue St. 15-01 Ward)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME John L. V. Murphy

(a) Residence: No. 3607 Clifton Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith H. Meyer

6. DATE OF BIRTH (month, day, year) April 10, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	55	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Frank J. Murphy

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Casey

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT John L. V. Murphy Jr.
(Address) 3607 Clifton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 8/29 1933

19. UNDERTAKER Kenty & Meakes and Son
(Address) 800 N. Eutaw Street
Huntington Williams, Inc.

FILED 28 1933 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1933 to Aug. 26 1933

I last saw him alive on Aug. 26 1933 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Abdominal Carcinomatosis	

Other contributory causes of importance:

Name of operation April 26, 1932 - Exploration Date of operation

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) state whether it was due to following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Herman Rumoff M. D.

(Address) Temple Garden Apts.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 93178 E 93178 X 46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. -- mos. 2 da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

2. FULL NAME Ida Merkel

(a) Residence: No. Lorely, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Merkel

6. DATE OF BIRTH (month, day, year) ---------

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?

12. BIRTHPLACE (city or town) (State or country) ~~Maryland~~ Ohio

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Franklin, Ohio Date 8/28, 1933

19. UNDERTAKER Henry U. Mears and Son

(Address) 805 W. Lafayette St.

20. FILED AUG 28 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1933 to August 28, 1933

I last saw her alive on August 28, 1933. Death is said to have occurred on the date stated above, at 12:18 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of large intestine	?
Other contributory causes of importance: Hemorrhage from large intestine	8-27-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Racusin M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

Via American Railway Exp. Co.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93179 E 93179

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103- Low Street St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Petro Gangi

(a) Residence: No. 1103-Low Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rose (Palmasina) Palmisano

6. DATE OF BIRTH (month, day, year) About 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 59yrs	- -	- - - -	1 - -

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Petro Gangi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Petro Gangi Jr

(Address) 1103-Low Street.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/29/33, 19

19. UNDERTAKER Geo. J. Ruth Son

(Address) 174 W. Lexington St.

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26-, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to Aug 26, 1933

I last saw him alive on Aug 26th 1933. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Myocarditis	
Cerebral Embolism	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Hamilton, M. D.

(Address) 733 Hanover St.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93180 E 93180

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210- E. 31st. Street St.) (12-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. James

(a) Residence: No. 210- E. 31st Street. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen (Morrison)

6. DATE OF BIRTH (month, day, year) 5/13/1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	25/14	xxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agt. S.E.Exp.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria, Alab.

FATHER

13. NAME Kinus James

14. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER

15. MAIDEN NAME Cynthia Bryant

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT J.Morrison James

(Address) 208-Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/29/33 19

19. UNDERTAKER Geo. J. Roth & Bro. Inc.

(Address) 1755-Hanford Ave.

20. FILED 8-29-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 4 1933 to August 27 1933

I last saw h... alive on August 27 1933 Death is said to have occurred on the date stated above, at 6:15 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8/27/33
Other contributory causes of importance:	
Arteriosclerosis & Myocarditis	1932
Cerebral hemorrhage	7/15/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Edward Dangerfield M. D.

(Address) 1643 E. Monument Ave.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

93181

CERTIFICATE OF DEATH

22 E 93181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 W. Fayette St 19-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J Childress

(a) Residence: No. 1528 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Childress

6. DATE OF BIRTH (month, day, year) July 20th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER FATHER

13. NAME David Chapman

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Lucy A. Chapman
(Address) 4201 Duvall Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 8/29/1933

19. UNDERTAKER Jno. Waltz & Son
(Address) 3513 Edmondson Ave

8-28-1933 Huntington Woollens, M.D.
(Date) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933 to Aug 27, 1933

I last saw h alive on Aug 27 1933 death is said to have occurred on the date stated above, at 12 am

The principal cause of death and related causes of importance are as follows:

	Date of onset
Tetanus Aug 25	
Accidental death	
no inquest necessary	
Otto Reinhardt Md	
Coroner	

Other contributory causes of importance:

Infection from cut in hand on Aug 18

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ., 19
Where did injury occur? Fell on back yard
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at Home
Manner of injury Laceration of left thumb
Nature of injury Laceration

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) John A Evans, M. D.
(Address) 612 W 40 St

M. D. B. 1268-9

E 93182

93182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 25-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S. if of foreign birth? 78 yrs. 9 mos. 12 ds.

2. FULL NAME Mother Ellen McGurk

(a) Residence: No. Mount Hope Retreat St., ... Ward. Torresdale Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	78	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME McGurk, Patrick

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Eliza Bennett

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mt Hope Retreat
(Address) City

18. BURIAL, CREMATION, OR REMOVAL
Place Torresdale Pa Date Aug-29 19 33

19. UNDERTAKER Stewart Memorial
(Address) 1701 Mount Ave

20. FILED AUG 29 1933 19.... by ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1933 to Aug. 28 1933

I last saw h.. alive on Aug. 28 1933 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Arteriosclerosis	15 yrs.
Other contributory causes of importance:	
Myocarditis	10 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph A. Bonello M. D.

(Address) 33 N. Frederick Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

93183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93183

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH Balto, Md. REGISTERED NO.

CITY OF BALTIMORE: (No. 4202 Kath. Ave. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Yeager.

(a) RESIDENCE NO. 4202 Kath. Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): Dec 25 - 1861

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Henry Yeager.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Alice Lee
(Address) 4202 Kath ave.

15 Filed AUG 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28/33

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933, to Aug 28th, 1933, that I last saw h[er] alive on Aug 27th, 1933 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs - Symptoms

(Signed) Edward Bevan, M. D.

8/28, 1933 (Address) 6 W. Oakleigh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Union Chapel — DATE OF BURIAL: Sept 1 1933.

20 UNDERTAKER: Fonerberger & Gross. — ADDRESS

M. D. F. 1203

E 93184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 S. Mount St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Cox

(a) Residence: No. 209 S. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 14th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles E. Cox

14. BIRTHPLACE (city or town) (State or country) Vicksburg Miss.

MOTHER

15. MAIDEN NAME Mary C. Reeder

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Grace E. Miller

(Address) 209 S. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 29th 1933

19. UNDERTAKER Wm Cook

(Address) 217 N. Pond St.

AUG 29 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to Aug 27 1933

that I last saw her alive on, Aug 27 1933 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Indefinite	

Other contributory causes of importance:

Cyphosis	Aug 26/33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23 If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. C. H. Campbell M. D.

Aug 28/33 (Address) 164 Hanover St

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. H. 12(3)

E 93185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93185

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 26-61 Ward)

Length of residence in city or town where death occurred 1yr. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Newsham

(a) Residence: No. 640 S. New York St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Newsham

6. DATE OF BIRTH (month, day, year) Sept 23 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Patrick Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Mary Gahagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Aug. 31 19 33

19. UNDERTAKER Margaret E. Flynn (Address) 1127 W. Fulton St.

20. FILED ... 19 ... Registrar.

AUG 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933 to August 28, 1933

I last saw her alive on August 28, 1933 Death is said to have occurred on the date stated above, at 4:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Diabetes Mellitus	7 Yrs.
Diabetic gangrene, L. foot	1 Mo.
Amputation, right Leg	12 days

Other contributory causes of importance:

Name of operation Amputation, R. leg Date of 8-11-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magee, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Simms

93186 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93186

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 601 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Sims

(a) Residence: No. 1604 N. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (WIFE) of Alice Sims

6. DATE OF BIRTH (month, day, year) Sept. 21, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Sims

14. BIRTHPLACE (city or town) (State or country) St. Michaels, Md.

MOTHER

15. MAIDEN NAME Rosie ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Aug 29, 1933

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED ..... 19 .....
Registrar.

93231933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933 to Aug 26, 1933
I last saw him alive on Aug. 28, 1933 Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate - Left Kidney Infection Due to Abs. Spinal Fluid. Hospital & Clinical	1932
Other contributory causes of Importance: Uremia Syphilis - Working Cardiac insufficiency	8/10/33 ?

Name of operation none Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. R. 1268-8

E 93187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1M 93187

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital. St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gloria Holley.(C)

(a) Residence: No. 1342 N. Fremont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) August 20, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Holley.(C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lula Brooks.(C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Lula Holley.(C)mother.

(Address) 1342 N. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Cathedral Date 8/29, 1933

19. UNDERTAKER Samuel T. Hemsley

(Address) 578 Pine St.

20. FILED 8/29, 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull. Struck and knocked down by an automobile while crossing street at street crossing.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury 8/25/33

Where did injury occur? Druid Hill Ave & Robert. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At street crossing.

Manner of injury By automobile.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

8/29/33 Address 317 E. Charles St.

E 93188

M. D. P. 1284

E 93188

Veditz

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 Conway St., 72-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A Veditz

(a) Residence: No. 540 Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John H. Veditz

6. DATE OF BIRTH (month, day, year) May 29 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City Ohio Held Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rosa Keser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mattie Held
(Address) Round Bay

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 29 1933

19. UNDERTAKER Wm. C. Stevens & Thomas Roth
(Address)

AUG 29 1933

19. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to Aug 27 1933

I last saw her alive on August 25th 1933 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure, due to Chronic Cholecystitis, Chronic nephritis. Chronic myocarditis

Date of onset

Other contributory causes of importance:

Exhaustion due to above conditions

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. F. Poulton M. D.

8/28/33 (Address) 3909 Gamewell Blvd

E 93189

M. D. P. 1268-9

93189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3226 Carlisle Ave St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Mary~~ Maye Elizabeth Wells

(a) Residence: No. 3226 Carlisle ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George C Wells

6. DATE OF BIRTH (month, day, year) Apr 30 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmount md

FATHER

13. NAME Frank W Miles

14. BIRTHPLACE (city or town) (State or country) Fairmount md

MOTHER

15. MAIDEN NAME Evalina Langrall

16. BIRTHPLACE (city or town) (State or country) Cambridge md

17. INFORMANT Geo C Wells

(Address) 3226 Carlisle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 29 19 33

19. UNDERTAKER

(Address)

20. FILED AUG 29 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 19 33 to Aug. 26 19 33

I last saw her alive on Aug. 26 19 33 Death is said to have occurred on the date stated above, at 2.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular Renal Disease	
Hypertension	
Chronic Nephritis	
Other contributory causes of importance:	
Uremia	

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Wd. Prunkoff M. D.

(Address) Temple Terrace Apts

E 93190

M. D. B. 1268-1

E 93190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3731 Nortonia Rd 45-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter S Rousel

(a) Residence: No. 3731 Nortonia St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sula R Rousel

6. DATE OF BIRTH (month, day, year) Sept 6 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME L L. Rousel

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Agatha Bonney

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Miss Rousel
(Address) 3731 Nortonia

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 29 1933

19. UNDERTAKER Wm J Pechmann Son
(Address) North & Pe

20. FILED AUG 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/10 1933 to 8/27/33 1933

I last saw h.. alive on 8/26 1933. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Chronic nephritis	8/25/33
Uremia	

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dr. Wesley Edel M. D.

(Address) 2806 Garrison Blvd

E 93191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Belmont ave 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma B. Benson

(a) Residence: No. 3221 Belmont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Benson

6. DATE OF BIRTH (month, day, year) April 6, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	76	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John Poulton

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Almira Mason

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Miss Grace Connelly

(Address) 3221 Belmont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 30 1933

19. UNDERTAKER Wm J. Tickner & Sons

(Address) Mt Washington

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to Aug 26, 1933

I last saw her alive on Aug 25, 1933 Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

Generalized arterio sclerosis

Chronic myocardial disease with hypostatic pneumonia

Date of onset: Several years

Other contributory causes of importance:

Chronic nephritis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Winchel M. D.

(Address) 2101 Edmondson Ave

M. D. B. 1268-0 E 93192 E 93192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-001

Registered No.

1. PLACE OF DEATH Maryland Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-01 St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie R Bowman

(a) Residence: No. 4202 Clarkeate Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of Katherine L. Bowman

6. DATE OF BIRTH (month, day, year) Jan 14, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Res Dietician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Gen Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry C Bowman

14. BIRTHPLACE (city or town) (State or country) Pikesville, Md

MOTHER

15. MAIDEN NAME Minnie Robinson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hosp records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 30 '33

19. UNDERTAKER Fortune & Sons

(Address) 220 W Franklin St

Baltimore Md

20. FILED SEP 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1933, to 8/28, 1933

I last saw h.... alive on 8/28, 1933. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

Amaurotic Hyperalgy

Other contributory causes of importance:

Amaurotic abscess of liver

Date of onset

Name of operation Thoracentesis Date of 8/26/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E J Lane M. D.

(Address) Md Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-9 E 93193

E 93193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Baltimore City Hosp. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas Garner.

(a) Residence: No. 218 S. Vincent St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Georgianna Garner

6. DATE OF BIRTH (month, day, year) May 1st 1886 (?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 50	3 (?)	26 (?)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

FATHER

13. NAME Joseph Garner.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Enid Carnell.
(Address) 537 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 8/29/33 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 1114 Montpelier St

20. FILED AUG 29 1933 Huntington Williams N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/19/31 1931 to 8/27 1933

I last saw him alive on 8/27 1933 Death is said to have occurred on the date stated above, at 5.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	2 days
Bronchopneumonia	?
Cerebral Apoplexy	4 days
Uremia ?	?
Other contributory causes of importance: Chronic nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible] E 93194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M E 93194

212-003

Registered No. 30-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mae F. Jefferson.

(a) Residence: No. 534 N. Pulaski St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, (or) WIFE of XXXXXXXXXXXXX Granville Jefferson

6. DATE OF BIRTH (month, day, year) September 12, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Medinger.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ida Kahl..

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Granville Jefferson. (husband)
(Address) 534 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 29. 1933

19. UNDERTAKER Jos. Oerdens & Son
(Address) 217 S. Pine
Huntington Williams, N.Y.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at 6.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull. struck and knocked down by a bicycle at street crossing.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/24/33.

Where did injury occur? Edmondson Ave & Pulaski
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On the public street.

Manner of injury Bicycle accident.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] Coroner, M. D.

8/28/33 (Address) 1017 E. Charles St.

M. D. B. 1268-1 E 93195 E 93195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) Ward .....

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Geo. Johnson

(a) Residence: No. 834 China St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of married

6. DATE OF BIRTH (month, day, year) Dec 18, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Rock Hall, Md

FATHER

13. NAME Geo. Johnson

14. BIRTHPLACE (city or town) (State or country) Cecil Co, Md

MOTHER

15. MAIDEN NAME Augusta Jones

16. BIRTHPLACE (city or town) (State or country) Elkton, Md

17. INFORMANT Wife

(Address) Patuxent

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 31st 1933

19. UNDERTAKER Joseph A Linthicum

(Address) 409 N. Mount St

20. FILED Aug 31 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-18-1933 to 8-27-1933

I last saw him alive on 8-27-1933 Death is said to have occurred on the date stated above, at 2:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus.	?

Other contributory causes of importance:

None also (Bed ridden 8-21-33) Pneumonia

Name of operation Biopsy of Esophagus Date of 8-20-33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1268-9 E 93196

E 93196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. 3 ds.

2. FULL NAME Segismundo Prieto

(a) Residence: No. ..... Bogota, Columbia, S. America
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (-)

10. Date deceased last worked at this occupation (month and year) >

11. Total time (years) spent in this occupation >

12. BIRTHPLACE (city or town) (State or country) Bogota Columbia

FATHER

13. NAME Eladio Prieto

14. BIRTHPLACE (city or town) (State or country) Bogota

MOTHER

15. MAIDEN NAME Cristina Parra de

16. BIRTHPLACE (city or town) (State or country) Tocaima, Bogota

17. INFORMANT (Address) La interesada Segismundo Prieto

18. BURIAL, CREMATION, OR REMOVAL Wentz Place London Park Date Aug 29 1933

19. UNDERTAKER Geo M. Fonichson (Address) 811 W Lafayette ave

FILED Aug 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 1933 to Aug. 28 1933

I last saw ~~him~~ alive on Aug 27 1933 Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia, post operative (for duodenal ulcer)	8 26 33

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of 8-24-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp.

M. D. B. 1933-9 E 93197 E 93197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N. Calvert St. 17-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Carr Otof.

(a) Residence: No. 1805 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George A. Otof.

6. DATE OF BIRTH (month, day, year) Mar. 22-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George A. Carr

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Hurley

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

17. INFORMANT Mrs. Carr Stevens
(Address) 1805 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug. 29-1933

19. UNDERTAKER C. F. Nikolet & Son
(Address) 1300 Eastern Place

20. FILED AUG 29 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1- 1933 to Aug 26- 1933
I last saw h[illegible] alive on Aug 26- 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr.	
Pulmonary tuberculosis Ulcerative	
Bronchial Diabetes	
Hypostatic Pneumonia	
Contributory Oedema	

(Other contributory causes of importance)

Name of operation — Date of —

What test confirmed diagnosis — Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Norbert C. Nikolet M. D.

(Address) 2151 Wilkens Ave.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93198 93198

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 871 Lundeen Ave 20-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Thornton.

(a) Residence: No. 871 Lundeen Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Semstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Thornton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Hester Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thomas Thornton
(Address) 871 Lundeen Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cem Date 8 30 1933

19. UNDERTAKER Fenner & Hemsley
(Address) 518 N Middle St

20. FILED AUG 29 1933 Registrar. N. P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 - 1933 to Aug 28 1933
I last saw her alive on Aug 27 1933 Death is said to have occurred on the date stated above, at 7.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Aug 22 33
Other contributory causes of importance:	
Measles	Aug 2 33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo E Allen M. D.

(Address) 557 Gilmore St

M. D. B. 1268-9

E 93199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93199

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 4 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Strassberger

(a) Residence: No. 149 S. Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwork 61 yr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Work.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Strassberger

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 30 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St.

20. FILED AUG 29 1933 Hunter Williams (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2 1933 to August 27 1933

I last saw him alive on August 27 1933. Death is said to have occurred on the date stated above, at 9:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic	?
Congestive failure	1wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. Engell M. D.

(Address) Balt City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 93200

E 93200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital
CITY OF BALTIMORE: (No. 1514 Division St., 16 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Albert Moore

(a) Residence: No. 1500 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Esther Hawkins
(Address) 1500 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 8/29/33 19

19. UNDERTAKER Mrs. George E. Ford
(Address) 1631 Linden Ave

21 AUG 29 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17-1933 to 8-26-1933

I last saw ... alive on 8-26-1933. Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension Cardiac	
Tuberculosis Renal Disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Hawes, M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-H 250B

93201 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93201

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Mount St. 15-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beth Evans

(a) Residence: No. 1319 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Minnie Evans

6. DATE OF BIRTH (month, day, year) Dec 16 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Farmville Va

FATHER

13. NAME Henry Leg Lewis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma Early

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Minnie Evans
(Address) 1319 N. Mount

18. BURIAL, CREMATION, OR REMOVAL
Place Adlucnab Date Aug 29 19 33

19. UNDERTAKER Howard M. Grant Inc
(Address) 638 N. Gilmor

Huntington Williams, N.P.
Registrar.

AUG 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to Aug. 26, 1933

I last saw h... alive on Aug 26th 1933 death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas E Bell, M. D.
(Address) 1191 N. Gilmor St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9:3202 — 9:3202 — 94-001 — Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 612 Mc Cabe Ave 22nd Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 44 yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charley L Kern
(a) Residence: No. 612 McCabe Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ada E Kern

6. DATE OF BIRTH (month, day, year) Feby 22 40 83

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Va

FATHER
13. NAME Henry F Kern
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Jennie Boyd
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ada E Kern
(Address) 612 McCabe Ave (Same)

18. BURIAL, CREMATION, OR REMOVAL Mt Hebron, Cem Winchester Va Date 8/31/ 1933
Place

19. UNDERTAKER John J Cowan & Son
(Address) 461 Washington Pl. W.P.

19... Registrar.

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25/ 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2 1929 to August 28 1933
I last saw h[im] alive on Aug 22 1933 Death is said to have occurred on the date stated above, at 12 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1933
Coronary Arteriosclerosis	
Other contributory causes of importance:	
Myocarditis.	1932

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wilkerson & Ford M. D.
(Address) 702 Preston St.

M. D. B. 1268-9

E 93203 ✓ E 93203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 S. Dallas St. Ward) 3-01

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Lloyd

(a) Residence: No. 245 S. Dallas St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Lloyd

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pensioner of Government

10. Date deceased last worked at this occupation (month and year) 15 years ago 11. Total time (years) in this occupation. 20 years 070

12. BIRTHPLACE (city or town) (State or country) Dick Tidus Anne Arundel Co Md

MOTHER FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lizzie Stevens

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Mary L. Green

(Address) 254 S. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Alberry Cemetery Date Aug. 30, 1933

19. UNDERTAKER Wendell J. Hippe

(Address) 1005 E. Eden St.

20. FILED ..... 19..... ..... Registrar.

AUG 29 1933

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1933, to Aug 27, 1933

I last saw h— alive on Aug 26, 1933. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis 1.	

Other contributory causes of importance: Hemiplegia, cerebral hemorrhage, probably Genetic none

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Richard V. Eastniffer M. D.

(Address) 1514 E. Baltimore St Balto. Md

M. D. B. 1268-9

E 93204 ✓ E 93204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Dolhpin St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mon. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aryanna L. Amos

(a) Residence: No. 307 Dolphin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Lee Amos

6. DATE OF BIRTH (month, day, year) Feb. 21, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. E. Lloyd

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary C. McIntire

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John L. Amos
(Address) 307 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemy Date 8/29/33

19. UNDERTAKER John D. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

(Signed) ..... Registrar.

8 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Ag 21, 1933 to Ag 28, 1933

I last saw her alive on Ag 27, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Other contributory causes of importance: Heart Block	

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas J Block, M. D.

(Address) 20 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

93205

HEALTH DEPARTMENT—CITY OF BALTIMORE

93205

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. St. 19-21 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Gayle

(a) Residence: No. 517 Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Gayle

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Edward Walton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Garrett Gayle
(Address) 1614 Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Aug 30, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 3221 Brooks St

Katie R. Williams
Registrar.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93206

E 93206

CERTIFICATE OF DEATH

Registered No. 97-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., (Ward) 9 C 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 27 yrs. ---- mos. ---- ds.

2. FULL NAME Meyer M. Karasik.

(a) Residence: No. 243 S. Broadway. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXXXX Eva Karasik.

6. DATE OF BIRTH (month, day, year) October 12, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. Furrier.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Nathan Karasik.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Annie --------

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Eva Karasik. (wife)
(Address) 243 S. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Holmes mt Lawn Date 8/29, 1933

19. UNDERTAKER S. Levinson Bro
(Address) 1275 Bedford Ave

Filed 8/29/33, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur XXXXXXXXXXXXX 243 S. Broadway.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stanley Leonard, M. D.
Coroner

8/29/33 (Address) 1017 S. Charles St.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93207 — 46 E 93207

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Aliceanna st. St., J (Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 21 yrs. ... mos. ... ds.

2. FULL NAME Veronica Dombrowski

(a) Residence: No. 1619 Aliceanna st. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced ~~HUSBAND of~~ WIFE of Late Joseph Dombrowski

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Paul Kutowski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Rose Polatowska

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Rose Kutowski Dumpling (Address) 1615 Shakespeare Street

18. BURIAL, CREMATION, OR REMOVAL. Place St. Stanislaus Cemetery Date August 31 1933

19. UNDERTAKER George R. Weber (Address) 705 S. Arlington Avenue

Huntington Williams Registrar.

AUG 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933 to Aug. 28, 1933.

I last saw h.. alive on Aug. 28 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Kenyonski, M. D.

8/28/33 (Address) 2089 Eastern Ave

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

93208 E 93208

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Garrison Blvd. St. 15-61 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosina Horn,

(a) Residence: No. 3803 Garrison Blvd, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Horn,

6. DATE OF BIRTH (month, day, year) January 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Frederick Smith,
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Margaret E. Kunkel,
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Margaret M. Carroll
(Address) 3803 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL AUG 30 1933
Place Woodlawn Date 19

19. UNDERTAKER Geo N Little
(Address) 2700 Edmondson Ave

20. FILED Huntington Williams Reg
Registrar.

AUG 29 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 27 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to aug 27 1933.
I last saw h in alive on aug 27 1933. Death is said to have occurred on the date stated above, at 8.40 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis + chronic nephritis — Date of onset About 4/1/31

Other contributory causes of importance: Hypothyroidism (myxoedema) — Probably contributory but not sufficient to cause death

Name of operation ..... Date of .....

What test confirmed diagnosis? B.M. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

8/28/33 (Signed) J. E. Poulton M. D.
(Address) 3909 Garrison Blvd

AdCo. 5-31 20M

E 93209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93209

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 8-C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Baseman

(a) Residence: No. 1616 Llewelyn Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Maurice Baseman

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Flossie Sickle

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Maurice Baseman

(Address) 1616 Llewelyn Ave

18. DISPOSITION: Cremation or Removal. Date Aug 31, 1933

Undertaker

19. UNDERTAKER Chenowethson

(Address) 3415-17 Eastern Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1933, to August 29, 1933

I last saw him alive on August 29, 1933 death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

(1) Diarrhoea (etiology undetermined) — Date of onset July 1933

(2) Pneumonia - (terminal)

Other contributory causes of importance:

Malnutrition

Rickets

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. H. 1268-9

E 93210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93210

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3343 Beech Ave St. 13-01 (Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche M. Kiehl

(a) Residence: No. 3343 Beech Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elmer S. Kiehl

6. DATE OF BIRTH (month, day, year) May 5 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Wm. Goss.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emma Corum.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Anna M. Henry

(Address) 3343 Beech Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 30 1933

19. UNDERTAKER Eberhardt & Son.

(Address) 3615-17 Eberhardt Ave.

20. FILED 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28- 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Peter J. Mooney M. D.

(Address) 3637 Roland Ave Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93211

CERTIFICATE OF DEATH

E 93211

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 argyle av St. 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Barker

(a) Residence: No. 1121 argyle av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mah	Col	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 28 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Lloyd Barker

14. BIRTHPLACE (city or town) Chase City (State or country) Va

MOTHER

15. MAIDEN NAME Maude Hunter

16. BIRTHPLACE (city or town) Chase City (State or country) Va

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem Date Aug 29, 1933

19. UNDERTAKER ...
(Address)

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933 to Aug 28, 1933

I last saw h[illegible] alive on Aug 28, 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis (premature 5 mos)	Aug 28, 1933
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how? ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93212

CERTIFICATE OF DEATH

E 93212
93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Hazel Street St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Vincent Rogalski

(a) Residence: No. 1600 Hazel Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tina Rogalski

6. DATE OF BIRTH (month, day, year) June

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Antoni Rogalski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Rokosow

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Tina Rogalski
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Co Date Aug 30. 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible], 19..... Registrar.

29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from 8/26th 19 33 to 8/27th 19 33

I last saw him alive on 8/27th 19 33 Death is said to have occurred on the date stated above, at 8:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension	1932

Other contributory causes of importance:

Cardiac Dilitation	

Name of operation None Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury X . 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of Injury None

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) [illegible] M. D.

(Address) 1340 S. Charles St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

93213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93213

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Inglewood Ave 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wendel Frech

(a) Residence: No. 2913 Inglewood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of) Katherine Frech

6. DATE OF BIRTH (month, day, year) Aug 25th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rect. & Distillery

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME John Frech

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Wendel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Frech

(Address) 2913 Inglewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1317 E Paul St

Huntington Williams N Y

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1932 to Aug 28th 1933

I last saw him alive on Aug 27 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Chr. Interstitial nephritis	
General arteriosclerosis	

Other contributory causes of importance:

Chr. arthritis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathaniel M Beck M. D.

(Address) 1002 E. 20 St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93214

CERTIFICATE OF DEATH

E 93214

1. PLACE OF DEATH — Govans. 13 — Registered No.

CITY OF BALTIMORE: (No.) 508 Winston Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Chandlee

(a) Residence: No. 508 Winston Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm E Chandlee

6. DATE OF BIRTH (month, day, year) Sept 9 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 631

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edmore

FATHER

13. NAME George Hodgson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Minnis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edna Chandlee

(Address) 508 Winston Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Hodgson Date 8/31 33

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED 8 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/9 1933 to 8/29 1933

I last saw her alive on 8/27 1933 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Chronic Nephritis	?
Uremia	8/24/33
Other contributory causes of Importance:	
Chronic Bronchitis	6/1/33
Chronic Cystitis	8/1/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Wesley Edel M. D.

(Address) 2806 Garrison Blvd.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93215 ✓ 93215

CERTIFICATE OF DEATH

137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 W Cross St. 21-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bridget Gaughan

(a) Residence: No. 1106 W cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 12 1863

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
70	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Anthony Gaughan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Esther May

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mamie A. Gaughan
(Address) 1106 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 30 1933

19. UNDERTAKER Fred A. Krause & Son
(Address) 1262 Charles St.

20. FILED 29-1933 Hattie Williams, R.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1933 to August 27, 1933
I last saw him alive on August 27, 1933 death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardiovascular renal disease with hypertension	about 8 years
coronary thrombosis + cerebral embolism	August 4 1933

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? clinical + laboratory methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Franklin Smith, Jr, M. D.
(Address) 121 N Calvert Street

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93216

CERTIFICATE OF DEATH

E 93216

Registered No. 72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Lane Hospital St., 15-81 Ward)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Pearl Wirt

(a) Residence: No. 2248 Cedley Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Sept. 12. 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Tyler C. Wirt
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Estelle Van Sciver
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Tyler Wirt (Address) 2248 Cedley St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 8/31/33 19..

19. UNDERTAKER Geo. H. Penn & Son (Address) 1-25 N Eutaw St

20. FILED 8/31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1933 to 8/28, 1933

I last saw her alive on 8/28, 1933 Death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance were as follows:

Tetanus — Date of onset 8/27/33

Other contributory causes of importance:

Cardio Respiratory Failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Daniel E. Bozorad M. D.

(Address) Lyden Lane Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

27 0 9 E 93217 ✓ E 93217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 47

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wallace Murray

(a) Residence: No. Hancock, Md St., ... Ward. Halsted 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Murray

6. DATE OF BIRTH (month, day, year) Oct 4, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mary land

FATHER

13. NAME Edward Murray

14. BIRTHPLACE (city or town) (State or country) Mary land.

MOTHER

15. MAIDEN NAME Ella Brady

16. BIRTHPLACE (city or town) (State or country) Mary land

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL
Place Hancock Md Date Aug-30. 1933

19. UNDERTAKER J. H. & C. E. Fuller
(Address) Hancock Md

20. FILED ..... 19 ..... Registrar.

AUG 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th 1933 to Aug 29th 1933

I last saw him alive on Aug 29th 1933 Death is said to have occurred on the date stated above, at 3 35 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Lung — Date of onset June '33
c metastases

Other contributory causes of importance:

Involvement Spinal Cord

Name of operation Laminectomy Date of 8-29-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kimber M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION IS very important. See instructions on back of certificate.

E 93218

M. D. B. 1268-9

E 93218

27623 HEALTH DEPARTMENT—CITY OF BALTIMORE X 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Poole

(a) Residence: No. 1 Turners Station St., Dundalk Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-31-32

7. AGE — Years: — | Months: 7 8 | Days: 28 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sherman Poole

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Lucille Rawlings

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Int Calvary Date 8-30-1933

19. UNDERTAKER Jos. M. Shipley & Sons
(Address) 1603 E. Fayette St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1933 to Aug 29, 1933

I last saw her alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 12.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Dysentery	Aug 15
(b) Pul. Tbc	2 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Eric Hurwitz, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

93219

HEALTH DEPARTMENT—CITY OF BALTIMORE

93219

CERTIFICATE OF DEATH

Registered No. 4431

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HERMAN H. YOUNG
(a) Residence: No. MT AIRY MARYLAND St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ina Ora Young

6. DATE OF BIRTH (month, day, year) 1876 - 1 - 4

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manheim Pa.

FATHER
13. NAME Jacob Young
14. BIRTHPLACE (city or town) (State or country) Manheim Pa.

MOTHER
15. MAIDEN NAME Sarah Herman
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Ina Young.
(Address) R.F.D. MT. AIRY, MD.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lebanon Cem. Date Sept. 1, 1933

19. UNDERTAKER C. M. Wolfe
(Address) Mt. Airy, Md.

20. FILED SEP 1 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 15, 1933, to AUGUST 29, 1933
I last saw h.i.M. alive on AUGUST 29, 1933 Death is said to have occurred on the date stated above, at 9.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARDIO-VASCULAR-RENAL DISEASE	
ARTERIOSCLEROSIS	

Other contributory causes of importance:
PNEUMONIA - BRONCHIAL

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) James J. Moore M. D.
(Address) University Hospital

M. D. B. 1268-9

E 93220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93220

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Hillsworth St., 28-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Myers Lesplan

(a) Residence: No. 2502 Hillsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Fm	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert.

6. DATE OF BIRTH (month, day, year) July 2-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lafayette Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Thomsin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Catherine Smith 2502 Hillsworth St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Aug 30, 1933

19. UNDERTAKER John F. Denney

(Address) 112 Light St Baltimore Md

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said

I last saw h alive on 19 to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Myocarditis 1 year

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Falk Coroner, M. D.

(Address) Clinic

Spec.—9-30—A. & Co.—250 Blks

E 93221

93221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Slattery

(a) RESIDENCE NO. Bon Secours Hosp. ST. Lutherville Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6hrs How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/29/33

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.
	—	—	—	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm J. Slattery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Millie V. Barger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Wm Slattery Bon Secours Hospital

Filed AUG 30 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/29/33

17

I HEREBY CERTIFY, That I attended deceased from 8/29/33, 19 , to 8/29 , 19 33

that I last saw him alive on 8/29/33, 19

and that death occurred on the date stated above, at 2.00 p. m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adolia H Gaudlin M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 8/30 19 33

20 UNDERTAKER Chas P. Crane & Son

ADDRESS 118 W. Mt. Royal Ave

M. D. B. 1268-9

E 93222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93222

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 873. W. Lombard St. 18-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryona Aimutiene

(a) Residence: No. 873. W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kastantas Aimutavich

6. DATE OF BIRTH (month, day, year) ? 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	*	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *

10. Date deceased last worked at this occupation (month and year) *

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Jonas Matelis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Jieva Petkeviciute

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Kastantas Aimutavich
(Address) 873. W. Lombard. Street,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 31, 1933

19. UNDERTAKER John Grebliauckas
(Address) 423. S. Paca. Street,

20. FILED AUG 30 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to Aug 29 1933
I last saw her alive on Aug 29 1933 Death is said to have occurred on the date stated above, at 3A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	7yrs
Other contributory causes of importance: Cardiac failure	8/28

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Dwight H. Lankenau M. D.
(Address) 3 Gittings Road

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 93223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No. E 93223

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beverly June Samosuk

(a) Residence: No. 4 Henrietta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 7 33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leon Samosuk

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 31 1933

19. UNDERTAKER John Grabbuckas
(Address) 1913 S. Paca St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1933 to 8-28 1933

I last saw h. alive on 8-28 1933 Death is said to have occurred on the date stated above, at 6 07 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	48 hrs.

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Burns M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93224 ✓ E 93224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 19-01 (Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Artis (or Attis)

(a) Residence: No. 16 2. Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Artis (Sep)

6. DATE OF BIRTH (month, day, year) Mar 1883?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Churchville Va

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Liza Roberts

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Aug 30 1933

19. UNDERTAKER Isaiah L Blanton (Address) 1058 W Mulberry

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 16. 1933 to August 27. 1933
I last saw h[illegible] alive on August 27. 1933 Death is said to have occurred on the date stated above, at 7[illegible] P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	10 days
Hypertension	?

Other contributory causes of importance:

Injections arthritis	14 yr.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magill M. D.
(Address) Balt. City Hosp

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

AaCo. 5-31 SUB E 93225 ✓ E 93225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St. 8-01 Ward)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Bettie Brown

(a) Residence: No. 1628 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~67~~ 71		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Non.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H Brown

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Louisa Peterson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H Brown
(Address) 1628 E Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date August 31st 1933

19. UNDERTAKER J. Boscarillo & Sons
(Address) Eyesmont & Aisquith Sts

20. FILED Aug 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1933, to August 28, 1933
I last saw her alive on August 28 1933 death is said to have occurred on the date stated above, at 7 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	?
2. Hypertensive cardio-vascular renal disease	?
3. Diabetes mellitus	?
Other contributory causes of importance: Congestive heart failure C.P.C. of lungs Pulmonary congestion terminal	

Name of operation none Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Spec.—9-30—A. & Co.—250 Bks.

E 93226

E 93226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1026 Rutland Ave 7-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Jane Roberts

(a) RESIDENCE NO. 1026 Rutland Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

life

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Roberts

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 57 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

PARENTS

10 NAME OF FATHER: Elliott Stirling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Louisa Ries

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo. Jolly (Address) 1026 Rutland Ave.

15 Filed AUG 30 1933 19 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-27th-33

17 I HEREBY CERTIFY, That I attended deceased from 8-12th, 19 33, to 8-27th, 19 33

that I last saw h- alive on 8-26th, 19 33

and that death occurred, on the date stated above, at 3:15 A M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: 8-31st-33

20 UNDERTAKER: Byrom & Marie H. Wright ADDRESS: 1218 McCulloh

Spec. Leg. Pr. Appd. 1500 Blks.

E 93227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93227

CERTIFICATE OF DEATH.

82-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 E. Preston ST. 8-01 WARD)

2-FULL NAME Mahala Brown

(a) RESIDENCE NO. 1503 E. Preston ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Reuf Brown

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Newton

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Cuttis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Maud Howe (Address) 1503 E. Preston St

15 Filed ....., 19.., ..., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to Aug 28, 1933, that I last saw h alive on Aug 27, 1933, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia (Cerebral)

(duration) yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) J. H. Royster M. D.

, 19 (Address) 1907 E. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 8-31-1933

20 UNDERTAKER Byrom & Manier & Wright ADDRESS 1218 McElderry St

TION is very important. See instructions on back of certificates.

G 30 1933

M. D. B. 1268-9

E 9:3228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 9:3228
82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President & York St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mns. ... ds.

2. FULL NAME Wm H. Taylor.

(a) Residence: No. 304 W Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1890

7. AGE | Years 43 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Bessie Taylor

(Address) 304 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Aug 30th 1933

19. UNDERTAKER Archibald Gaddy

(Address) 2101 Mc Elderry St.

20. FILED Aug 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation Autopsy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Leuth M. D.
Coroner

(Address) Coroner

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33229

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

33229

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Evans

(a) RESIDENCE NO. Little Sisters of the Poor-120 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert W. Evans

6 DATE OF BIRTH (month, day, and year)

AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
about 73 "			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Zachary Seymore

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Dickson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Superior, Life

(Address) 120 Valley St. City

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30-1933

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1933, to Aug 31, 1933, that I last saw h.... alive on Aug 24, 1933, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arter Sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

Aug 30, 1933 (Address) 114 Hamilton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Balto Cem. 8/31 1933

20 UNDERTAKER ADDRESS

Pete Woodfield 914 Lemmon

M. D. B. 1361-a E 93230

E 93230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 52

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 W Fairmount St., 7 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Wettig

(a) Residence: No. 1832 W Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie Platt.

6. DATE OF BIRTH (month, day, year) Dec 4, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel.

10. Date deceased last worked at this occupation (month and year) June 1933.

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) Hamburg (State or country) Germany

FATHER

13. NAME Karl Wettig

14. BIRTHPLACE (city or town) Hamburg (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Marie Wettig

(Address) 1832 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Sept. 1 1933

19. UNDERTAKER George W. Zirkler

(Address) 17 E Eager St.

AUG 30 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933. to August 29 1933

I last saw him alive on August 29. 1933 Death is said to have occurred on the date stated above, at 6.45 m. A.

The principal cause of death and related causes of importance were as follows:

Sarcoma of face. (43)

Date of onset: not known.

Other contributory causes of Importance:

none.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James Graham Marstons. D.

(Address) 516 Cathedral St.

M. D. B. 1268-a

E 93231

Franke

E 93231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Hudson St., 26 Ward)

Registered No. 501

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin H. Franke

(a) Residence: No. 3703 Hudson St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Irene Franke

6. DATE OF BIRTH (month, day, year) Oct 27 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Shoe

10. Date deceased last worked at this occupation (month and year) Aug 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co Md

FATHER

13. NAME August Franke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cecelia Seitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Irene Franke (Address) 3703 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem Date Aug 31 1933

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St

Huntington Williams Registrar

AUG 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26 1933 to Aug. 29 1933

I last saw him alive on Aug 29 1933. Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Acute Dilatation	
Other contributory causes of importance:	
Pneumonia, R. Lobe	4 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Caulder M. D.

(Address) 5308 Park Ave.

FILED AUG 30 1933

M. D. B. 3268-B E 93232 E 93232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 121

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1[illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Anna Mc Knight

(a) Residence: No. ..... Fred'k Rd Farm, Baltimore, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f.	White	Divorced.

5a. If married, widowed, or divorced (Husband of) (Wife of) W. J. Mc Knight.

6. DATE OF BIRTH (month, day, year) — 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fred. Co Farm

10. Date deceased last worked at this occupation (month and year) 8-23-33

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Jordan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Mary Mc Knight.
(Address) Clifton, Frederick Rd. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Joseph's Date 8/31 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-25 1933 to ..... 19.....
I last saw her alive on 8-28 1933. Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden collapse following appendicectomy. Appendicitis	8-25-33
Other contributory causes of importance:	

Name of operation Appendicectomy Date of 8-25-33

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard France M. D.
(Address) Union Memorial Hosp

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-32—5 M 8—500 Bks.

E 93233

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 93233

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 W. North Ave ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isabelle H. Reese

(a) RESIDENCE NO. 3035 W North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward S. Reese

6 DATE OF BIRTH (month, day, and year) Apr 2, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Mr. Holmes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll County.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll County Md

14 Informant Edw. S. Reese

(Address) 3035 W North Ave

15 Filed ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29, 1933

17 I HEREBY CERTIFY, That I attended deceased from 1930, 19 ——, to Aug 29, 1933, that I last saw her alive on Aug 29, 1933 and that death occurred, on the date stated above, at 9:05 P m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma of Rectum

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Metastases to pelvic organs.

(duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 1930

Was there an autopsy? No.

What test confirmed diagnosis? Path. Laboratory Findings

(Signed) O. Walter Sonnier M.D. M. D.

, 19 (Address) 3603 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 9/1 1933

20 UNDERTAKER J. M. Cook

ADDRESS 1217 E Fayette St

M. D. B. 1268-9

(Ranzer)

HEALTH DEPARTMENT—CITY OF BALTIMORE

93234

CERTIFICATE OF DEATH

159 EV93234

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Allentown St. 21-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby boy Ranzer

(a) Residence: No. 204 Allentown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Henry Ranzer

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

MOTHER

15. MAIDEN NAME Gertrude Titsworth

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Gertrude Ranzer
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Aug 30, 1933

19. UNDERTAKER
(Address)

Huntington Williams Inc.

AUG 31 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1933 to Aug 30, 1933

I last saw h[illegible] alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 1.00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 35 wks.	At birth

Other contributory causes of importance:

Congenital Atelectasis	At birth

Name of operation None, Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C E Savage, M. D.

(Address) Univ Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93235 E 93235

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N Ellwood Ave St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G Erdman

(a) Residence: No. 504 N Ellwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Erdman.

6. DATE OF BIRTH (month, day, year) Nov 8 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co.
(State or country)

FATHER

13. NAME John G Erdman

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Rose

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Catherine Erdman
(Address) 504 N Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 1, 1933

19. UNDERTAKER John Welsh
(Address) 200 S Calhoun

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to aug 29, 1933

I last saw h alive on aug 29, 1933 Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	10 yrs.
" Arteriosclerosis	
" Arteriosclerosis	

Other contributory causes of importance:

Coronary occlusion acute

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ball & Lewis M. D.

(Address) 200 E Fort Ave

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93236

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Mathis

(a) Residence: No. 2 S. Frederick St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 22, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	38	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cement finisher 083

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME James Mathis

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Anna Williams

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Dr. Date Aug 30, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1933, to 8-28, 1933

I last saw him alive on 8-28, 1933. Death is said to have occurred on the date stated above, at 3.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Remnant	
Right Inguinal Hernia	?
Lobar Pneumonia	12 days

Other contributory causes of importance:

Name of operation Herniotomy Date of 8-11-33

What test confirmed diagnosis? Clinical, Laboratory, X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) C. L. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 3237

CERTIFICATE OF DEATH

3237 × 110

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Thirty-third St. 17-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sterling Leroy Wentz

(a) Residence: No. Lineboro, Md. St., ~~Ward~~.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) FEB 11, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James D. Wentz

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sally Walker

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT James D Wentz
(Address) Lineboro, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lineboro, Md. Aug 31, 1933

19. UNDERTAKER Geo. Zepfel & Bro.
(Address) New York, Pa.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1933 to August 29, 1933

I last saw him alive on Aug. 29th, 1933 Death is said to have occurred on the date stated above, at 11 35 P.m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus aureus septicemia with pleurisy, pericarditis and multiple abscesses.

Date of onset 8-7-33(?)

Not tuberculous

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193E 93238

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1836 McHenry St. St., 19 Ward)

Length of residence in city or town where death occurred 14 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Reimer Jr.

(a) Residence: No. 1836 McHenry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 21, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Reimer Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary A. Lawless.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Alice F. Lawless. (grandmother)
(Address) 1836 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 31, 1933

19. UNDERTAKER George A. Farley
(Address) 1500 W. Baltimore St.

AUG 30 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of

Occidently Electrocuted. From an improperty insulated metal floor lamp.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Occident Date of injury 8/30/33 19

Where did injury occur? In cellar of his home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at his home.

Manner of injury From improperty insulated floor lamp.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhardt Coroner M. D.

8/30/33 (Address) 1017 E. Charles St.

M. D. B. 16059

E 93239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 LaSalle St., 76-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth L. Crampton

(a) Residence: No. 1300 LaSalle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John W. Crampton

6. DATE OF BIRTH (month, day, year) Oct 8 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John B. Schoenigkoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT, John W. Crampton (Address) 1300 LaSalle

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 8-2, 1933

19. UNDERTAKER Leonard Rush (Address) 5205 Radford Ave Huntington Milliqua, W. Va.

20. FILED 8-1-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1932 to Aug. 29 1933

I last saw h.e alive on Aug. 28 1933. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset .....

Other contributory causes of importance:

Asthenia Anemia Asphyxia Terminal - Circulatory failure

Name of operation none Date of .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter L. Anderson M. D.

(Address) 3001 Sherwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 93240

93240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2755 Chesterfield St., 8-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Fuller

(a) Residence: No. 2755 Chesterfield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose S Fuller

6. DATE OF BIRTH (month, day, year) Aug 31 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Trail

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Catherine Sprague

(Address) 2755 Chesterfield St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8-31 1933

19. UNDERTAKER Leonard J Rynt

(Address) 2325 Harford Ave.

20. FILED AUG 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1933 to Aug 30 1933

I last saw him alive on Aug 26 1933 Death is said to have occurred on the date stated above, at 8:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs
Hypertension	
Hypertrophy	
Contributory causes of importance:	
Cardiac Decompensation	
acute Cardiac Dilatation	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or Homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Rodney Steele M. D.

(Address) 710 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93241

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mortimer B. Grayson

(a) Residence: No. Lawn Lane Rd. St., ... Ward. Towson Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	~~Married~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco Ret

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Robert Grayson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Woodrow

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lawn Lane Rd Date Aug 1, 1933

19. UNDERTAKER H. H. Hill
(Address) Towson Md

20. FILED Aug 1 1933 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on the back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 30, 1933

I last saw him alive on Aug 30, 1933 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Type 1 | Date 1933

Other contributory causes of importance: Surgical Shock - | 8/30/33

Name of operation Prostatectomy Date of 8/24/33

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) D. H. Layne M. D.

(Address) Md. General Hospital

M. D. B. 203-9 E 93242

E 93242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 21-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1173 W. Hamburg St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Hillary

(a) Residence: No. 1173 W. Hamburg St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Hillary

6. DATE OF BIRTH (month, day, year) February 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W. Reiter

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ellen N. O'Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Vernon Bessling

(Address) 1173 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Sept 1st, 1933

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED SEP 1 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1933 to Aug 29, 1933

I last saw her alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 4.45Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	July 1/33
Angina Pectoris	Aug 28/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Harry L. Kates M. D.

(Address) 523 Scott St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a E 93243

E 93243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 Virginia Ave. St., 22nd Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margarette E. Gesell

(a) Residence: No. 3133 Virginia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore T. Gesell

6. DATE OF BIRTH (month, day, year) March 3, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Everhardt Decker

14. BIRTHPLACE (city or town) Wurtenberg
(State or country) Germany

MOTHER

15. MAIDEN NAME Anne Brunner

16. BIRTHPLACE (city or town) Hessendamstat
(State or country) Germany

17. INFORMANT Mr. Theodore T. Gesell
(Address) 3133 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 2, 1933

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED Sept 1, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933 to Aug. 30, 1933

I last saw her alive on Aug 24, 1933 Death is said to have occurred on the date stated above, at 7.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Pulmonary Collapse	
H. Coronary Thrombosis	

Other contributory causes of importance:

Diabetes

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Walter Spurrier M. D.

(Address) 3603 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 93244 ✓ E 93244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 ; Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 10-01 (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Manuel Britto

(a) Residence: No. 723 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cape Verde Islands

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 31, 1933

19. UNDERTAKER Mrs Ida B. Saunders
(Address) 1129 N Caroline St

20. FILED Aug 31 19 33 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933 to Aug 27, 1933

I last saw h alive on Aug. 27, 1933 Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, right	3 days
Hemiplegia, left	"
Hypertension	1 day
Bilateral pneumonia	"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magill, M. D.

(Address) Balt. City Hosp

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1224-9 E 93245 ✓ E 93245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Carr

(a) Residence: No. 1021 N. Caroline st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Carr

6. DATE OF BIRTH (month, day, year) May 11, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	45	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Fairfield, (State or country) South Carolina

FATHER

13. NAME Ben Carr

14. BIRTHPLACE (city or town) Fairfield (State or country) South Carolina

MOTHER

15. MAIDEN NAME Alice Watkins

16. BIRTHPLACE (city or town) Fairfield (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Aug 31, 1933

19. UNDERTAKER Wm R. A. Eckert
(Address) 1129 N. Carolina

[illegible] E. Williams, M.D.
Registrar.

20. FILED AUG 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933 to August 28, 1933
I last saw him alive on August 28, 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw, M. D.
(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93246

CERTIFICATE OF DEATH

131 E 93246

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1519 N. Mount St. 15-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harman Owens.

(a) Residence: No. 1519 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE — Years 45 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Owens

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Edwards

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lillie Owens Smith

(Address) 1519 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date Aug 31, 1933

19. UNDERTAKER Thomas E. Boyd & Co.

(Address) 1600 Carrollton Ave.

20. FILED AUG 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	
1 year.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

AaCo. 5-31 250B E 93247 ✓ E 93247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Greenway St. 12-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie McDowell

(a) Residence: No. 3409 Greenway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1852

7. AGE: Years: 81 | Months: | Days: | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Thos McDowell
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Helen Hamilton
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Sarah McDowell
(Address) 3409 Greenway

18. BURIAL, CREMATION, OR REMOVAL.
Place: Rockbridge Date: Aug 31 1933

19. UNDERTAKER: John J. Mitchell & Son
(Address) 1300 Eutaw Place

311933 Washington Heights, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1933, to August 29, 1933

I last saw her alive on August 27, 1933 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	a number of years
myocarditis 3° attack	July 1933
Other contributory causes of importance:	
ileus paralyticus (cause undetermined)	5 days

Name of operation: none Date of:
What test confirmed diagnosis? Clinical methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Franklin Smith, Jr. M. D.
(Address) 92 N Calvert Street

M. D. B. 12650 E 93248 ✓ E 93248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1841 Orleans St. 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry F. Medtart

(a) Residence: No. 1841 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Jennie Medtart

6. DATE OF BIRTH (month, day, year) July 21-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 614

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Frank Medtart

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

15. MAIDEN NAME Annie Hanssen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jennie Medtart (Wife)
(Address) 1841 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Aug. 31 1933

19. UNDERTAKER Mrs. C. Miller & Son
(Address) 2334 Jefferson St

20. FILED Aug 31 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10th 1931, to Aug 29th 1933

I last saw h[illegible] alive on Aug. 28th 1933. Death is said to have occurred on the date stated above, at 2.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1926
Pulmonary Tuberculosis	1931
Other contributory causes of importance:	
Pulmonary Edema } Acute Nephritis }	2 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify Cabinet maker

(Signed) Michael A. Abrams M. D.

(Address) 2300 Eutaw Place.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93249

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93249

CERTIFICATE OF DEATH

122-002

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Railsback

(a) Residence: No. 2306 Eutaw Pl. Bet. C & Hosp Street 1923 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Railsback

6. DATE OF BIRTH (month, day, year) Aug 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	(63)		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Koch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wards (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mellow Date Aug 31 1933

19. UNDERTAKER F. B. Shippert Son (Address) 300 Eutaw Place

20. FILED AUG 31 1933 by Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1923 to Aug 28 1933

I last saw her alive on Aug 28 1933 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adhesions, intestinal post-operative	1923
Intestinal Obstruction	24 hrs.

Other contributory causes of importance:

Hypertrophic arthritis	

Name of operation Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Hospital M. D.

(Address) Balt. City Hosp.

AACo. 5-31 250B

Philip A. Propf

E 93250 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93250

5/121

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 8-01 Ward)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 20 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip A Propf

(a) Residence: No. 2026 East Lafayette Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Propf

6. DATE OF BIRTH (month, day, year) June 10, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owens Lithgow Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Philip Propf
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Klimm
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Louise Propf
(Address) 2026 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept. 2, 1933

19. UNDERTAKER John A. Denny
(Address) 715 Light St.

AUG 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1933 to August 30, 1933
I last saw him alive on August 30 1933 death is said to have occurred on the date stated above, at 5 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis - acute	8-16-33
2. Peritonitis - localized	
3. Ileus - paralytic	
Other contributory causes of importance:	
1. Toxaemia	

Name of operation appendectomy Date of 8-21-33
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

I saw (Signed) C. Mitchell Geller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9 E 93251 E 93251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V

Registered No. 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Hollins Ferry Road, 25 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah F. Douglas

(a) Residence: No. 2818 Hollins Ferry Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rodham Douglas

6. DATE OF BIRTH (month, day, year) Oct. 19, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) King George Co. Va.

FATHER

13. NAME Albert Sommerson

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

MOTHER

15. MAIDEN NAME Sarah Curley

16. BIRTHPLACE (city or town) (State or country) Alexander, Va.

17. INFORMANT Mrs. Mary Harlow

(Address) 1633 Belt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 1, 1933

19. UNDERTAKER John P. Denny

(Address) 715 Light St

20. FILED AUG 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19 . to Aug. 30. 33, 19 .

I last saw h alive on Aug. 30. 33, at 1.00 p. m. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis.	8 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip B. Towles M. D.

(Address) 1432 William St.

M. D. H. 1268-a

E 93252

E 93252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-002

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Williams & Caton Aves St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Rosalie Krentzer

(a) Residence: No. 622 Frederick Rd. Catonsville Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick L. Krentzer

6. DATE OF BIRTH (month, day and year) Jan. 3, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20 yr.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Claymand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Decker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Otto Lueke - Sister

(Address) 622 Frederick Rd- Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 2. 1933

19. UNDERTAKER Easton Sons

(Address) Elliott city

20. FILED 19 ... Registrar

AUG 31 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 30 1933 to August 31 1933 last saw her alive on August 31 1933. Death is said to have occurred on the date stated above, at 2.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of the intestines. Intestinal obstruction.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. C. Duncan M. D.

(Address) St. Agnes Hospital.

M. D. B. 1268-9

E 33253 HEALTH DEPARTMENT—CITY OF BALTIMORE 33253

CERTIFICATE OF DEATH

53v

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore
CITY OF BALTIMORE: (No. 1901 Brighton St. 16-01 Ward)

Length of residence in city or town where death occurred ...yrs. 18 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Lucie Belle Winstanley

(a) Residence: No. 1901 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Monkton
(State or country) Balto Co. Md

FATHER

13. NAME William Winstanley
14. BIRTHPLACE (city or town) Liverpool
(State or country) England

MOTHER

15. MAIDEN NAME Mary E. Phelps
16. BIRTHPLACE (city or town) Jarrettsville
(State or country) Harford Co. Md

17. INFORMANT Mr. E. L. Bond
(Address) 1901 Brighton St

18. BURIAL, CREMATION, OR REMOVAL
Place Monkton, Md. Date Sept 1, 1933

19. UNDERTAKER P. Markle & Son
(Address) White Hall Md

20. FILED ... Hunting for Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 30, 1933
I last saw her alive on Aug 29, 1933. Death is said to have occurred on the date stated above, at 6.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma, General.	2 months
	about

Other contributory causes of importance:

Name of operation Biopsy (Aug 10-33.) Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Audrey E. Calais, M. D.
(Address) 11 W. Fulton Ave.

M. D. R. 1268-9

E 93254 HEALTH DEPARTMENT—CITY OF BALTIMORE 93254

CERTIFICATE OF DEATH

49V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3910 Chesley Avenue St., 15-01 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma A. Swanberg

(a) Residence: No. 3910 Chesley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles L Swanberg

6. DATE OF BIRTH (month, day, year) Dec. 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Otto Sandberg

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas. L. Swanberg
(Address) 3910 Chesley Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Sept 1, 1933

19. UNDERTAKER Fred. Lassahn & Son
(Address) 7401 Belair Rd.

20. FILED AUG 31 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932 to Aug 29, 1933

I last saw her alive on Aug 29, 1933. Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April 1932

Other contributory causes of importance:

Myocardial Insufficiency	Aug 29

Name of operation Tracheotomy Date of Aug 29 1933

What test confirmed diagnosis? Laboratory & Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-89 E 93255 E 93255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Carey St. St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ------ mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emanuel Snell.(C)

(a) Residence: No. 403 N. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced, HUSBAND of Ruby Snell.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	------	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Hattie Collins.(C) motherinlaw.
(Address) 403 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Aug 31 1933

19. UNDERTAKER Mrs. Kate P. Williams
(Address) 324 N. Gilmor St

Filed AUG 31 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of the head. Suicide.	
After shooting and killing his wife.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 8/28/33 19...

Where did injury occur? 403 N. Carey St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pistol shot wound.

Nature of injury Suicide.

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto Reinhardt M. D.
Coroner

8/29/33 (Address) 1017 E. Charles St.

M. D. H. 1268-9 E 93256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93256

CERTIFICATE OF DEATH

V 173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Carey St. St. 18-al (Ward)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruby Snell.(C)

(a) Residence: No. 403 N. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced (or) WIFE of Emanuel Snell.(C)

6. DATE OF BIRTH (month, day, year) November 22, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

FATHER

13. NAME James Collins.(C)

14. BIRTHPLACE (city or town) (State or country) Georgia.

MOTHER

15. MAIDEN NAME Hattie Fulwood.(C)

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMANT Hattie Collins.(C) mother.

(Address) 503 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Aug. 31. 1933

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St.

20. FILED Aug 31 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound of the heart.
Homicide.
Shot by her husband who afterwards committed suicide.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury 8/28/33

Where did injury occur? 403 N. Carey St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Of home.

Manner of injury Pistol shot wound.

Nature of injury Homicide.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. McFeeley Coroner. M. D.

8/29/33 (Address) 1017 E. Charles St.

M. D. B. 1268-2 E 93257

E 93257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 11-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Hawkins

(a) Residence: No. 1125 Ivonia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac Brown ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles Co.
(State or country) Md.

FATHER

13. NAME ? Matthews

14. BIRTHPLACE (city or town) Charles Co
(State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Charles Co ?
(State or country) Md ?

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 1, 1933

19. UNDERTAKER Mrs R. A. Elliott
(Address) 1124 N. Carrollton Ave

20. FILED ..... 1933 ..... Registrar.

AUG 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933 to Aug 29, 1933
I last saw h[illegible] alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 11 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, left	4 days
& hemiplegia, right.	
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I. Pinsgill M. D.

(Address) Balt. City Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 93258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93258

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 Lewellyn ave St. 8-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margret Wilson

(a) Residence: No. 1746 Lewellyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 8 1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
107	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Farmville Va. Virginia

FATHER

13. NAME Johnson Wilson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Violet Evans

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mother
(Address) 1746 Lewellyn ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept. 1 . 1933

19. UNDERTAKER Mrs R A. Echott
(Address) 1129 N Caroline

20. FILED Sept 1 1933 Wilmington Whitney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 . 1933 to Aug 29 . 1933
I last saw her alive on Aug 29 . 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	8/26/

Other contributory causes of importance:

Hyperemia

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Calvin B. LeCompte M. D.

(Address) 1113 N Caroline St

M. D. B. 1268-2

E 93259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93259

CERTIFICATE OF DEATH

Registered No. 130

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 22-31 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Jackson
(a) Residence: No. 524 S. Stay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17 13

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
20	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bath, Md.
(State or country)

FATHER
13. NAME Lon C Jackson
14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER
15. MAIDEN NAME Minnie Madden
16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 2 1933

19. UNDERTAKER James A Hayes
(Address) C 142 Fremont Ave

20. FILED AUG 31 1933 Huntington Williams Registrar

OCCUPATIONS IS VERY IMPORTANT. SEE THAT IT IS PROPERLY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/29 1933 to 8/30 1933
I last saw h~~e~~r alive on 8/30 1933 Death is said to have occurred on the date stated above, at 11 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured ulcer of stomach generalized Peritonitis	4 days

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify M. D.

(Signed) J H Gordon
(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93260 V E 93260

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH West Balto. Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 37-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Crawford

(a) Residence: No. 1122 Belvedere Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/14/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	0	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Crawford

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Mary E Parrish

16. BIRTHPLACE (city or town) (State or country) Hillsdale Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place, Greenmount Cem Date Aug 31 1933

19. UNDERTAKER Shaw Mortuary Parlors
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/14/33 . 19 . to 8/15/33 . 19 .
I last saw him alive on 8/15/33 . 19 . Death is said to have occurred on the date stated above, at 8 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo.)	
due to	
Other contributory causes of importance:	
Maternal Eclampsia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 10 W. Franklin St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

93261

HEALTH DEPARTMENT—CITY OF BALTIMORE

93261

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 1-01 Ward)

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Smith

1a) Residence: No. 711 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Aug 31, 1935

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Howard Bullard, M. D. Coroner

(Address) 711 Druid Hill Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93262

CERTIFICATE OF DEATH

E 93262

1833 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Bond St. St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Braun

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Unknown Hd Date Aug 31 . 1933

19. UNDERTAKER

(Address)

AUG 31 1933

FILED ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw b... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 4:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 8/19 . 1933

Where did injury occur? Balto City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of Injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Nungezer M. D.

Coroner

(Address) 1305 N. Patterson Park Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93263

CERTIFICATE OF DEATH

E 93263
93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Overdick

(a) Residence: No. 2041 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Overdick

6. DATE OF BIRTH (month, day, year) Oct 19 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Charles Overdick

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Louise Lunnise

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 2 1933

19. UNDERTAKER Fr Bozzuto
(Address) 1932 E Eastern Ave Huntington Woodlawn, Md.

20. FILED 8 Sept 1933 19 ARP Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16. 1933 to August 29. 1933

I last saw h alive on August 29. 1933 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	?
Auricular fibrillation	2 Mo.
Congestive Heart failure	3 Mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill M. D.

(Address) Balt. City Hosp

OCCUPATION IS very important. See instructions on back of certificate.

M. D. H. 1268-9

93264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93E 93264
93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S Edwards St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Cuesick

(a) Residence: No. 40 S Edwards St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Charles Cuesick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bielaski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Germany
(Address) Frank Cuesick

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 1, 1933

19. UNDERTAKER J W Ozarowski
Address 1930 E Lafayette
Huntington West Virginia

20. FILED Aug 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6A m

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Acute indigestion

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Livingood M. D.
Coroner

(Address) 300 N Paca St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93265

E 93265

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 S Chester St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Sawicki

(a) Residence: No. 735 S. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha Sawicki

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Adam Sawicki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Agatha Sawicki

(Address) 735 S Chester

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sep 2 . 1933

19. UNDERTAKER John M Weber

(Address) 421 S Chester St

FILED 31 1933 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ——— . 19 . to ——— . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Nec Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 130 S Paca St

M. D. B. 1268-9

93266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 12 | E 93266

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 14th ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sterling Matthews

(a) Residence: No. 1217 Hall St., ... Ward. St Mary's Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School - boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 31 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Aug 31 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933 to Aug 27, 1933

I last saw h[illegible] alive on Aug 27, 1933. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	8/24/33

Other contributory causes of importance:

Ruptured Appendix	8/23/33

Name of operation Drainage of Peritoneum Date of 8/26/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Bosley Hughes M. D.

(Address) Provident Hospital

M. D. B. 1268-9

93267 E 93267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5807 Bland Ave. St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B.F.Lang.

(a) Residence: No. 5807 Bland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) January 15.1913

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	20	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME John B.F.Lang.

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Cora P.Smith,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Miss Elizabeth C Lang

(Address) 5807 Bland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date SEP 2 - 1933 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. Filed SEP 1933 19 Thomas Fox Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 31 1933 19

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1933, to August 31, 1933

I last saw h.. alive on August 27, 1933 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1926

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo W Little M. D.

(Address) 243 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

93268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93268

184

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp. 9-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Deimel

(a) Residence: No. 2831 Alameda Blvd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov 14 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	17	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse L. Deimel

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Rose Mc Guire

16. BIRTHPLACE (city or town) (State or country) Phila

17. INFORMANT Jesse Deimel

(Address) 2831 Alameda

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 1 1933

19. UNDERTAKER Geary & Sheerin

(Address) 1501 E Fort Ave

20. FILED 9-1-1933 Huntington Williams M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Aug 29 1933 Death is said to have occurred on the date stated.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Pistol wound of abdomen.	
Other contributory causes of importance: 7 days	

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 29 1933

Where did injury occur? 2831 Alameda (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Kluth Coroner, M. D.

(Address)

AaCo. 5-31 250B

93269

HEALTH DEPARTMENT—CITY OF BALTIMORE

93269

CERTIFICATE OF DEATH

92-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Linden ave St., 11-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude N. Green

(a) Residence: No. 718 Linden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H Green

6. DATE OF BIRTH (month, day, year) Aug 22 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	62		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER FATHER

13. NAME William Nash

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT James H. Green

(Address) 718 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Aug. 31. 1933

19. UNDERTAKER Thomas E Kelson

(Address) 1303 Pressman St

20. FILED Aug 31 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1933 to August 30. 1933

I last saw h[illegible] alive on August 29 1933 death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency, and Dropsy.	6-15-33.

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Physical Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No. 19 No.

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None.

Manner of injury None.

Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) W. H. Montague M. D.

(Address) 1920 Madison Ave. Balto.

M. D. H. 1265-9

93270 V E 93270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola McCubbins

(a) Residence: No. 329 Pearl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry McCubbins

6. DATE OF BIRTH (month, day, year) June 18 77

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry McCubbin (Address) 329 Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 31 1933

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pressman St

31 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

M. D. B 1268-9

E 93271 ✓ E 93271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forest St. 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clayton Poole

(a) Residence: No. Maryland Gen. Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Maryland

FATHER

13. NAME Isaac W. Poole

14. BIRTHPLACE (city or town) (State or country) Maryland ?

MOTHER

15. MAIDEN NAME Hannah Miles

16. BIRTHPLACE (city or town) (State or country) Maryland ?

17. INFORMANT Russell Snyder
(Address) Smithsburg Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Leytonsville Md. Date 9/6/33 19

19. UNDERTAKER Ray M. Barber
(Address) Leytonsville Md.

20. ... Registrar.

SEP 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1933.

22. I HEREBY CERTIFY, That I attended deceased from August 25th, 1933. to August 31st, 1933
I last saw him alive on August 31st, 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Other contributory causes of importance:

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John F. Aubrey, M. D.
(Address) 3012 Norchway Terrace

M. D. B. 1269

E 93272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93272

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounced dead at the Franklin Square Hospital. 19-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ~~mos.~~ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah Horn.

(a) Residence: No. 228 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~XXXXX~~ widowed, ~~XXXXXX~~ HUSBAND of ~~XXXXXXXX~~ Henrietta Horn.

6. DATE OF BIRTH (month, day, year) September 24, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	77	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Electrical Engineer. 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Adam Horn.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Charlotta Meyers.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Evelyn Kennedy. (daughter)
(Address) Lisbon, Md.

18. BURIAL, CREMATION, OR REMOVAL.
Place Solem Funeral Home Date Sept 1st 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED SEPT 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio sclerosis, Chronic Nephritis, Acute Myocardial Insufficiency, Oedema & congestion of the lungs.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
~~XXXXXXXXXXXXX~~ South western Station
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt M. D.
Coroner
(Address) 9/31/33 1017 E. Charles St.

M. D. B. E 93273 E 93273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Harford Road St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecil L. Brown

(a) Residence: No. 2818 Harford Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, divorced, HUSBAND of (or) WIFE of Carlyle Brown

6. DATE OF BIRTH (month, day, year) Aug 1st 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22		30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annarundel County

FATHER

13. NAME Frank Meade

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louise Lewis

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Carlyle Brown
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Sept 2 1933

19. UNDERTAKER Frank A. Fink
(Address) 116 N. Eutaw St.

20. FILED Sept 1 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/27/33 to 8/31 1933

I last saw her alive on 8/31 1933. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous nephritis	June 1930
	May 1933

Other contributory causes of importance:

Uremia

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Chas B. Mattaus M. D.

(Address) 1031 St. Paul St

OCCUPATION IS VERY IMPORTANT.

1933

M. D. H. 1268-9 E 93274 E 93274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Washburn Ave. St. 25-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence I. Smith.

(a) Residence: No. 820 Washburn Ave. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 26, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George H. Smith.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Dora Wahous.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dora Smith. (mother)
(Address) 820 Washburn Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Sept. 1933

19. UNDERTAKER A. Raymond Evans
(Address) 324 E. Baltimore

20. FILED SEP 1 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Thos. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

8/31/33

E 93275

M. D. B. 1288-0

E 93275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 W. Pratt St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Riley

(a) Residence: No. 1815 W. Pratt St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	premature baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/31/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—		3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Thomas Riley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Rose

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emily Riley

(Address) 1815 W. Pratt St.

18. BURIAL, ~~CREMATION, OR~~ REMOVAL

Place Loudon Park Date Sept. 1. 1933

19. UNDERTAKER Robt. Brooks & Son

(Address) 12 E. Eutaw St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1933, to Aug. 31, 1933

I last saw him alive on Aug. 31, 1933 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Savage M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 93276

HEALTH DEPARTMENT—CITY OF BALTIMORE

93276

CERTIFICATE OF DEATH V 124-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hosp St. 10-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Hayes

(a) Residence: No. 1028 Brentwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John T Hayes

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0'n

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME ? Clinton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cem. Govanstown Date Sept 2 1933

19. UNDERTAKER Henry Sheeder & Sons Inc
(Address) 1301 E Eager St

20. FILED SEP 1 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1933, to August 30, 1933
I last saw her alive on August 30, 1933 Death is said to have occurred on the date stated above, at 12 35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver, alcoholic	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. P. Hazzel M. D.

(Address) Balt City Hosp

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 93277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93277

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp. 82-001

CITY OF BALTIMORE: (No. 2008 Preastman St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Benjamin W. Fox

(a) Residence: No. 2008 Preastman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female ~~Male~~

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Mrs Dora Fox

6. DATE OF BIRTH (month, day, year) Sept 3 1841

7. AGE: Years 41 | Months 11 | Days 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Samuel Fox

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Amelia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Dora Fox

(Address) 2008 Preastman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lehur Herring Run Date Sept 1 1933

19. UNDERTAKER S Furman Bro

(Address) 1929 E Baltimore St

FILED SEP 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy. 8/31/33

Other contributory causes of importance:

Hypertension Cerebral Hemorrhage.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Morrison M. D.

(Address) 1 E Lanvale St Telephone

Spec—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93278

CERTIFICATE OF DEATH.

131 V E 93278

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Harlem av ST. 40-21 WARD)

2-FULL NAME Ida Louise Wagner

(a) RESIDENCE NO. 3010 Harlem av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John White Wagner

6 DATE OF BIRTH (month, day, and year) 9-21-63

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER J N. Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Bysch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Alice E. Jacobs (Daughter)

(Address) 3010 Harlem ave

15 Filed SEP 1 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/31/33

17 I HEREBY CERTIFY, That I attended deceased from 8/27/33, 19 ..., to 8/31/33, 19 ..., that I last saw her alive on 8/31/33, 19 ..., and that death occurred, on the date stated above, at 4:50 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Chronic Myocarditis (3 years) (duration)

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) James E. Brown M. D.

, 19 (Address) 705 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lauden Park

DATE OF BURIAL Sept 2nd 1933

20 UNDERTAKER Frank Speer Mc Cormick

ADDRESS

M. D. B. 1268-9

E 93279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93279

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 N Bond St.) 8-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Oliver Fuller

(a) Residence: No. 1723 N Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Louisa Fuller

6. DATE OF BIRTH (month, day, year) Jan 20-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired city tower 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William H. Fuller.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Stutzmann

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Louisa Fuller
(Address) 1723 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 2 1933

19. UNDERTAKER Joseph Sylvester
(Address) 1102 W. North Ave

FILED ..... 19..... Registrar

SEP 1 1933 Washington, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/4/ 1933 to 8/30/ 1933

I last saw him alive on 8/29 1933 Death is said to have occurred on the date stated above, at 6.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	8/4/33
Chronic nephritis	8/4/33

Other contributory causes of importance:

Cardiac dilatation

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George E. Fowler M. D.

(Address) 1512 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

E 93280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93280

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Essie Jeffers

(a) Residence: No. 643 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Jeffers

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ,

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ,

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Sept 15 1933

19. UNDERTAKER Joseph A Lively
(Address) 1600 N Mount St Baltimore, Md

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to stab wound of neck

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Injury 8/13 1933
Where did injury occur? Balto Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ... In home
Manner of injury Cut c Pocket knife
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) August Zeller M. D.
Coroner
(Address) 2937 Eastern Ave

1/24/33

M. D. B. 1268-9

Carrie Gaines

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V23 E 93281

E 93281

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Riggs ave 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Gaines

(a) Residence: No. 1112 St., Riggs ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Louis Gaines

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Gaines (Address) 1112 Riggs ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-1 1943

19. UNDERTAKER Dennis Easton (Address) 916 Dolphin ave

20. FILED 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29/43

22. I HEREBY CERTIFY, That I attended deceased from July 31 1943 to Aug 1 1943

I last saw h... alive on ..... 19..., and that death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis 9/43

Other contributory causes of importance:

Poor food

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 917 Madison ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93282

93282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Jennings

(a) Residence: No. 751 W. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Jennings

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Black

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Nathan Jennings

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Laura Peck

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-1 1933

19. UNDERTAKER David Easton

(Address) 916 Eutaw

20. FILED 1 1933 Huntington Williams, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933 to Aug 30, 1933

I last saw him alive on Aug 30, 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Palsy	6 hrs
Carcinoma Liver	?
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Pinnell M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93283

93283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N Carey St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Leatrice Hallard

(a) Residence: No. 1330 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Hallard

6. DATE OF BIRTH (month, day, year) Dec 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	73	8	2	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Farmer Bell Haven

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellen Dawdney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ellen Banks

(Address) 1330 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Natural Cemetery Date Sept 2, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 122 N. Schroeder St

20. Filed 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933 to July 30, 1933

I last saw h[illegible] alive on July 29, 1933 Death is said to have occurred on the date stated above, at 5.55 P m.

The principal cause of death and related causes of importance were as follows:

Prostrates — Date of onset July 3 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of Injury 0, 19...

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place 0

Manner of Injury 0

Nature of Injury 0

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm E Edwards M. D.

(Address) 704 W Lafayette Ave

M. D. B. 1268-9

E 93284

93284

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Gough St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Arnold

(a) Residence: No. 1728 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Apr 5 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	62	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Copper Works

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Arnold

(Address) 1728 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 4 1933

19. UNDERTAKER Martin W. Dalrymple

(Address) 37 Huntington Ave

I 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1933

22. I HEREBY CERTIFY, That I attended deceased from February 11 1933 to Aug. 31 1933

I last saw h— alive on Aug. 31 1933 Death is said to have occurred on the date stated above, at 6/10 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos E. Dixon M. D.

(Address) 1 W. Biddle

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

M. D. B. 1268-9

E 93285

93285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 82-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 C Lombard St. 82-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George O. Canby

(a) Residence: No. 1813 C Lombard St., St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859 Sept 16

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Edward Canby

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mahler

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Joseph Caumpard (Address) 1813 C Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Sep 2 1933

19. UNDERTAKER Martin W. E. Applebee (Address) 3[illegible] Eastern Ave

[illegible] Registrar. Aug 31 33

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 30 1933 to August 30 1933

I last saw him alive on August 30 1933 Death is said to have occurred on the date stated above, at 7/10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Colon~~ Cerebral Hemorrhage	
1 day	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jos. L. Vahlteich M. D.

(Address) 1 E Saratoga St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93286

93286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., No. 01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dranbauer

(a) Residence: No. 3903 Hudson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	4	15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Dranbauer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Kafer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT William Dranbauer
(Address) 3903 Hudson St

18. BURIAL, CREMATION, OR REMOVAL.
Place Oakland Cem. Date Sept. 2 1933

19. UNDERTAKER George W. Zichler
(Address) 1737 E. Eager St.

20. FILED 1933 Huntington Wellington N.P.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Sept 1, 1933

I last saw him alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 4.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	8/28

Other contributory causes of importance:

Myocardial Failure

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron C. Tull, M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

MD. B. (1933) E 93287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93287

93-004

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Pronounced Dead

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Feller

(a) Residence: No. 2236 Bank Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Feller

6. DATE OF BIRTH (month, day, year) May 6, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coppersmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Feller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Diacont (Nephew)
(Address) 5110 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 2, 33

19. UNDERTAKER Henry Sander
(Address) HENRY SANDER & SON, INCORPORATED
BROADWAY & BALTIMORE STS.

20. FILED SEP 1 1933 Huntington Fitzhugh, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: General Arteriosclerosis ???	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. H. Eyler Coroner, M. D.
(Address) 1056 North Ave

E 93288

E. D. Date 93288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice D. Holman

(a) Residence: No. 250 Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville Md

FATHER

13. NAME Benjamin Holman

14. BIRTHPLACE (city or town) (State or country) Berryville Va

MOTHER

15. MAIDEN NAME Elizabeth James

16. BIRTHPLACE (city or town) (State or country) Green Spring Valley Md

17. INFORMANT Records Baltimore City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W.M. Gulbrow Date 9/2 1933

19. UNDERTAKER Joseph P. Chase & Son (Address) 838 W. Gilmore

Huntington Williams Jr

SEP 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1933 to August 30, 1933

I last saw her alive on August 30, 1933 Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Left ovary	2 yrs
Hypertension	?
Arteriosclerosis	?
Chronic nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magee M. D.

(Address) Bact. City Hosp

OCCUPATION IS VERY important. See instructions on back of certificate.

E 93289

E 93289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 E 28th St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Horwell

(a) Residence: No. 324 E. 28th St., St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of my late Annie Horwell

6. DATE OF BIRTH (month, day, year) Oct 12-1846.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 32

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fire Captain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Horwell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Holladay

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Ida E Merchant

(Address) 6501 Florida ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 2 1933

19. UNDERTAKER Lilly Zuter INC

(Address) 403 N Howard St. Baltimore, Md

SEP 1 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1933 to Aug 30 1933

I last saw him alive on Aug 30 1933 Death is said to have occurred on the date stated above, at 4 40 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. L. Birmingham M. D.

(Address) 1643 E. Pratt St.

AACo. 5-31 250B

93290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93290

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Jenkins Memorial Hospital — Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Avenue St., 11-01 Ward)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Jane C. Flarien

(a) Residence: No. 836 Park Avenue St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) about 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Port Deposit (State or country) Maryland

FATHER

13. NAME Robert Farien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Powers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hospt. (Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL Place St. Josephs, Texas, Md Date Sept 2/33 19

19. UNDERTAKER Stewart & Mowen Company (Address) 108-10 North Avenue

20. FILED 1 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31st, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to August 31st, 1933

I last saw her alive on August 31, 1933, death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteric sclerosis	?
Hypertension	?

Other contributory causes of importance:

Cerebral Hemorrhage	8/31/33

Name of operation None Date of —

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Dunbar, M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-B

93291

E 93291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E Mulberry St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred abroad / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Lewis

(a) Residence: No. 12 E. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ernest Lewis

6. DATE OF BIRTH (month, day, year) Dec. 25 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME D. H. Glassfort

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna Long

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Ernest Lewis Son

(Address) 12 E Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date 9-2-33 19

19. UNDERTAKER H. C. Williams Son

(Address) 1136 Pulaski Monroe Street

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~August 28~~ 1933 to Aug 31, 1933

I last saw her alive on Aug 31, 1933 Death is said to have occurred on the date stated above, at 10 & a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Aug 33

Other contributory causes of importance:

Indefinite

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H K Forsyth M. D.

(Address) 117 W. Saratoga St.

OCCUPATION is very important. See instructions on back of certificate.

E 93292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 4-61 St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Roxie Bloxom

(a) Residence: No. Chapsville, Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of B. S. Bloxom

6. DATE OF BIRTH (month, day, year) Nov. 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Milton Mason

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Mears

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Bradley S. Bolyard

(Address) Modestown, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Modestown Va. Date Sept. 1. 1933

19. UNDERTAKER Harry L. Fitzhugh

(Address) 410 E. Edmondson Ave. Huntington Williams, Md.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1933 to Sept. 1st 1933

I last saw her alive on Sept. 1st 1933 Death is said to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Sigmoid Colon	?
Other contributory causes of importance:	
Suppurative Diverticulitis sigmoid colon	7-1-33

Name of operation 1 Incision & Drainage 2 Colostomy 3 Sigmoid Resection Date of 7-10-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bradley S. Bolyard M. D.

(Address) University Hosp.

M. D. B. 1268-a

93293 ✓ E 93293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Patapsco St. St. 23-01 Ward)

Length of residence in city or town where death occurred 36 yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry E. Butschky.

(a) Residence: No. 1409 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: WIFE (or HUSBAND) of Mildred Butschky.

6. DATE OF BIRTH (month, day, year) July 5, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baltimore City Policeman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Eugene Butschky.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Pairo.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Anna Butschky. (mother)
(Address) 1510 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9-2-33

19. UNDERTAKER E. J. Fanning & Son.
(Address) Lafayette Ave. & Washington St.

20. Filed 1933 H. Irvington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 1.55 a. m.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound of the brain through his mouth.
Suicide.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 8/31/33 19....
Where did injury occur? at his home-
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at his home.
Manner of injury Pistol shot wound.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. M. Reinhardt Coroner, M. D.
8/31/33 (Address) 1017 E. Charles St.

M. D. H. 1268-9

93294 ✓ E 93294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 S. Sharp St. 23-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith M. Snowden Derry

(a) Residence: No. 1039 S. Sharp St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Derry

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) a. a. co Md

FATHER

13. NAME Daniel Edward

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME actia ——

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT James Derry
(Address) 1039 S. Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 2 1933

19. UNDERTAKER James Addison
(Address) 1411 Druid Hill Ave

20. FILED 1-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jun 30, 1933 to Aug 3, 1933

I last saw her alive on Aug 30, 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Lesion	Jun 30
Other contributory causes of importance:	
Debility	Aug 3

Name of operation none Date of ...

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas R. Forster, M. D.

(Address) 711 S. Broadway

M. D. H. 1268-9

E 93295

93295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Beecher.

(a) Residence: No. 1141 Leadenhall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 31, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	0	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Homer Beecher.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma A. Rixse.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Homer Beecher. (father)
(Address) 1141 Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept 2nd 1933

19. UNDERTAKER Wm Cook
(Address) 1317 St Paul St

Huntington Williams, M.D.
Registrar.

2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition.	
Mitral Insufficiency.	
Congenital.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto M. Reinhardt Coroner, M. D.

9/1/33 Address 1017 E. Charles St.

Spec.—2-29-28—L. F. S.—500 Bks.

93296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 93296

82-001

REGISTERED NO. 16-01

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 W. Mosher St ST. 16-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Pauline A. McAnarney.

(a) RESIDENCE NO. 2903 Mosher St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. McAnarney

6 DATE OF BIRTH (month, day, and year) June 20, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Versailles, Ohio.

PARENTS

10 NAME OF FATHER Wm Stuart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Keziah Hardman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Henry A. McAnarney (Address) 2903 Mosher St.

15 FILED 2-1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1933, to Sept 1, 1933, that I last saw h e alive on Sept 1 1933 and that death occurred, on the date stated above, at 7 LS P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis - Chr. (duration) yrs. mos. ds.

Panchitis (duration) Unknown

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No. Clinical signs.

What test confirmed diagnosis?

(Signed) C Walter Stevens M.D. M. D.

, 19 (Address) 3623 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cathedral

20 UNDERTAKER H. McCook

DATE OF BURIAL 9/4 1933

ADDRESS 1217 St Paul St

Spec.—1-10-21—M&T—1500 Blks.

93297 ✓ E 93297

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2621 E Chase St. (Ward) 8 - 01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W Richardson

(a) RESIDENCE NO. 2621 E. Chase St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marian

6 DATE OF BIRTH (month, day, and year) May 3, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) Buck Burner

(c) Name of employer Burns & Russel

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Alfred Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Store

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Krotzer (Daughter)

(Address) 2621 E Chase St

15 Filed Aug 2 1933 Huntington Williams, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1933

17 I HEREBY CERTIFY, That I attended deceased from July 2 . 1933 . to Aug 31 . 1933 .

that I last saw h[illegible] alive on Aug 31 . 1933 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of ?

Was there an autopsy? no

What test confirmed diagnosis? Microscopic Section

(Signed) Joseph Krotzer M. D.

. 19 (Address) 2203 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Sept 4 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

2-1933

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

ME 93298

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Crapper

(a) Residence: No. 1950 Belair Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec 24, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Thos. J Crapper

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Jennie R Carbach

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Thos J Crapper 1950 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Sept 4 1933

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

2 SEP 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19... to ..., 19... I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

(Other contributory causes of importance:)

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in and sign the following: Accident, suicide, or homicide? accident Date of injury 9/1/1933

Where did injury occur? Fayette & N. Patterson Park Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while playing in the street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison

M. D. B. 1268-6

93299

E 93299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH Lt. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St. 2-5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mr. William Marshall

(a) Residence: No. Linthicum Heights md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Edward L Marshall

6. DATE OF BIRTH (month, day, year) April 2 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	35	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (State or country) Tampa Florida

FATHER

13. NAME Hammond L. Marshall

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Rosella Leslie

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Mrs. William Marshall

(Address) Linthicum Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Western cemetery Date Sept 2 1933

19. UNDERTAKER F. B. Wagner & Son

(Address) 1310 Bucknell Place

20. FILED Sept 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from August 27 1933 to August 31 1933

I last saw h alive on August 31 1933. Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix & Glands of Carcinoma Cervix	

Other contributory causes of importance:

Acute Oedema Larynx.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo. S. Gonales, M. D.

(Address) 1 Agnes Hospital

M. D. B. 1268-9

E 93300

93300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital St. (Ward) 45 61

Length of residence in city or town where death occurred 51 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis K. Turner

(a) Residence: No. 3406 Guilford Falls Parkway St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 8 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	51	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sign

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo T Turner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anne C Ackers

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Anne C Turner

(Address) 3406 Guilford Falls Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 4 1933

19. UNDERTAKER Henry H. Jenkins Sons Co

(Address) McCulloh & Orchard Sts

20. Filed Sept 5 1933 Registrar Wilson Pellegrini, M.D.

1933

93300

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933 to Sept 1, 1933

I last saw h[illegible] alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric ulcer	1932
Other contributory causes of importance: Pneumonia followed by abscess of Lung	Aug 14

Name of operation Closure of gastric ulcer Date of ...

What test confirmed diagnosis? Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A J. Conroy, M. D.

(Address) Vol Hospital

M. D. B. 1268-B

93301

E 93301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 32-01

1. PLACE OF DEATH,
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 32 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Peddicord

(a) Residence: No. 3327 Payne 3605 Keystone Ave, Balt, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Jerry Peddicord
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ruby Rudsill
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother
(Address) 3605 Keystone Ave, Balt.

18. BURIAL, CREMATION, OR REMOVAL
Place Charles Hamblen Date Sept 2, 1933

19. UNDERTAKER Chenoweth & Long
(Address) 3615 Chestnut Ave

Registrar.

20. FILED Sept 1, 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1933, to Sept 1, 1933
I last saw him alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 11.55 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral mastoiditis	8/1/33
Other contributory causes of importance:	
Pneumonia.	8/28/33

Name of operation Mastoidectomy Date of 9/17/33

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Richard France M. D.
(Address) Union Memorial Hosp.

M. D. H. 1268-9

93302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93302

205-007

Registered No. 93302

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Dells

(a) Residence: No. 1430 Mill Race Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Dells

6. DATE OF BIRTH (month, day, year) Oct 10 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24	25	10	15	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile Mill

10. Date deceased last worked at this occupation (month and year) 8-31-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Oakland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John S. Young

(Address) 706 Bucknell St.

18. BURIAL, CREMATION, OR REMOVAL Oakland, Md. Date Sept 2, 1933

19. UNDERTAKER Chenoweth Bros.

(Address) 345-47 Chestnut Ave.

20. FILED SEP 2 1933 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured Skull & Crushed body - coming in contact with a belt from a picker machine

Date of onset

Other contributory causes of importance: accidental

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-31 1933

Where did injury occur? Wm. E. Hooper Mills - Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place Industry

Manner of injury stated above

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Montgomery M. D. Coroner

(Address) 363 Roland Ave

M. D. B. 1268-9

93303

E 93303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 N. Patterson Pk Ave E-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth E. Burgan

(a) Residence: No. 1922 N. Patterson Pk Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence T. Burgan.

6. DATE OF BIRTH (month, day, year) Oct 30, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Jesse E Stokes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary E Wilkes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clarence T Burgan
(Address) 1922 N Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 2, 1933

19. UNDERTAKER Edmonston-Lee
(Address) Huntington Hillsboro, W. Va.

2-1933 ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1933 to August 30, 1933
I last saw her alive on August 30, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3 days ago.
Other contributory causes of importance: Coronar Dilatation and Pulmonary Oedema	30 hrs ago

Name of operation, if any ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Albert Disenberg, M. D.

(Address) 1055 E Fayette Ave

OCCUPATION IS very Important. See instructions on back of certificate.

M. D. B. 1268-9

93304 ✓ E 93304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 Ashland Ave St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Pinkey

(a) Residence: No. 1642 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXXXXXXXXX ?

6. DATE OF BIRTH (month, day, year) Apr ? / 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	73	4	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Louis Pinkey

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

MOTHER

15. MAIDEN NAME Sarah Hopkins

16. BIRTHPLACE (city or town) (State or country) Balto. City, Md.

17. INFORMANT Mrs Della Scott
(Address) 1642 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cem Date 9/4 1933

19. UNDERTAKER Samuel G Hensley
(Address) 2325 E Biddle St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
eneral Arteriosclerosis	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. H. Bacon M. D.
Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

93305 ✓ E 93305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 W. Hill St. 27-01 Ward)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Randolph

(a) Residence: No. 203 W Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced (or) WIFE of James Randolph

6. DATE OF BIRTH (month, day, year) Dec 27 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook — priv

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 3 weeks ago

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME George Robinson

14. BIRTHPLACE (city or town) (State or country) Helens Burg Virginia

MOTHER

15. MAIDEN NAME Nellie Robinson

16. BIRTHPLACE (city or town) (State or country) Edenton N. Carolina

17. INFORMANT George Robinson (Address) 866 Vine St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 9/2/33 19

19. UNDERTAKER Isaac F. Brown Son (Address) 1517 Pennsylvania Ave

20. FILED Sept 2 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-21. 1933 to Aug-29. 1933

I last saw her alive on Aug. 29 1933 Death is said to have occurred on the date stated above, at 1140 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Aug 20 33

Other contributory causes of importance: Chronic Endocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dan Strayhorn M. D.

(Address) 1212 W Lee St

M. D. B. 1268-9

93306

E 93306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 17-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ringgold

(a) Residence: No. 5-14 St Mary's St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68 69		8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Daniel Ringgold

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Eliz. Carr

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Baltimore City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date Sept 2 - 1933

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 201 E. Lanvale St Balto

20. FILED Hunting Williams, Reg.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1933 to August 29, 1933

I last saw her alive on August 26, 1933 Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Osteomyelitis of Sternum	?
Myocardial Failure	2 wks ?

Other contributory causes of importance:

Name of operation Date of ?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Nagel, M. D.

(Address) Balto City Hosp.

M. D. R. 1268-9

E 93307

93307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 628 N. Fremont St. (Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura A. Young

(a) Residence: No. 628 N. Fremont St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	Widowed

5a. If married, widowed, or divorced (or) WIFE of Henry Young

6. DATE OF BIRTH (month, day, year) March 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Rust

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Nowa

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Laura Young

(Address) 628 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 2 1933

19. UNDERTAKER Jos. Gus. E. Holland

(Address) 1 E. Saratoga

20. [illegible] Washington Village, Md.

SEP 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to Aug 30, 1933

I last saw her alive on Aug 30, 1933 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset .....

Other contributory causes of importance: .....

Name of operation Amputation Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E. Hamer M. D.

(Address) 627 Lafayette

M. D. B. 1268-9

E 33308

93308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 S. Robinson St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael J. Adelman

(a) Residence: No. 345 S. Robinson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine K. Adelman

6. DATE OF BIRTH (month, day, year) Oct. 15, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal + Wood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Michal Adelman

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine Bershand

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Barbara Adelman
(Address) 345 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Sept 4, 1933

19. UNDERTAKER John F. Moran
(Address) 2000 E. Balto St.

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Sept 1, 1933

I last saw him alive on Aug 27, 1933 Death is said to have occurred on the date stated above, at 6.45 am

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Uremia — Date of onset 1 yr.

Other contributory causes of importance:

Chronic Cystitis — Date of onset 1 yr.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) H. J. Simm, M. D.

(Address) 6??? N. ??? Ave

M. P. B. 1268-9

93309 ✓ E 93309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 115-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME ROSCOE A. HARMAN

(a) Residence: No. Westminster Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14 - 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 27	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Drug
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Windsor Maryland

FATHER
13. NAME Wesley Albert Harman
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Clara V. Myers
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wesley Albert Harman
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place New Windsor Md Date Sept 4, 1933

19. UNDERTAKER H Bankard & Son
(Address) Westminster Md

20. FILED Sept 4 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPTEMBER 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from SEPTEMBER 1 1933, to SEPTEMBER 2 1933
I last saw him alive on SEPTEMBER 2 1933 Death is said to have occurred on the date stated above, at 3 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TONSILLITIS ACUTE	8-22-33
PHARYNGITIS ACUTE	8-22-33
	8

Other contributory causes of importance:

SEPTICEMIA	
POSTORBITAL ABSCESS	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James J. Moore M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93310

CERTIFICATE OF DEATH

119 E 93310

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. Rose St. 1-E Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mieczyslaw Franczkowski

(a) Residence: No. 508 S. Rose St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced: HUSBAND of / WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 26 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1		5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Boleslaw Franczkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stanislawa Jakubowska

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Boleslaw Franczkowski
(Address) 508 S. Rose St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Sept 2. 1933

19. UNDERTAKER M. Rozanski
(Address) 1930 Eastern Ave

SEP 2 - 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 1933

22. I HEREBY CERTIFY, That I attended deceased from August 31. 1933 to Sept 1 . 1933.

I last saw him alive on Sept 1 . 1933 Death is said to have occurred on the date stated above, at. 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute enteritis - diarrhea.	2nd days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. Lypo M. D.

(Address) 2221 Eastern Ave

OCCUPATION is very important. See INSTRUCTIONS on PAGE 3 of CERTIFICATE.

M. D. B. 1268-9

✓ E 93311

93311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cooley Hospital St. 21-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Richardson

(a) Residence: No. 924 Denver St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Richardson

6. DATE OF BIRTH (month, day, year) Aug 21 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Julius Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emmeline Frentsch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Smith
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Cedarhill Date 9/4 33

19. UNDERTAKER (Address) H. M. Cook 1217 St. Paul St

20. FILED 9-3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 5:2. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.
Coroner

(Address) 1205 N Calhoun St

M. D. B. 1268-9

93312

HEALTH DEPARTMENT—CITY OF BALTIMORE

93312

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen'l. Hospital Ward) 23-81

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Breslau Jr

(a) Residence: No. 1114 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Edna Breslau

6. DATE OF BIRTH (month, day, year) Oct 28* 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carr & Lowry

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Breslau

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Catherine Shultz

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Edna Breslau
(Address) 1114 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 9/5 1933

19. UNDERTAKER Geo. Boyle & Son
(Address) 1214 S. Charles St

20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/20 1933

Where did injury occur? Baltimore Md Fulton & Lanvale
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Joseph Penny M. D.
Coroner

(Address) 2102 E Madison St

M. D. B 1268-0

93313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93313

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Homestead St. Ward) 4-81

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Leach

(a) Residence: No. 924 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of): Agnes Leach

6. DATE OF BIRTH (month, day, year): Nov 25th 1858

7. AGE: Years 74; Months 9; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Jefferson Leach

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Nice (Daughter)
(Address) 924 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Sept 4th 1933

19. UNDERTAKER: Wm Cook
(Address) 1217 Saint Paul St

Filed Sept 2 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from August 27th 1933 to Sept 1st 1933

I last saw h[illegible] alive on August 28th 1933 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset June 1933

Other contributory causes of importance:

Arterio Sclerosis — 1927

Name of operation: ..... Date of .....

Was [illegible] an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.
(Address) 1401 E 25 St

Spec.—9-30—A. & Co.—250 Blks

E 93314

93314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Jackson ST. 24-01 WARD)

2. FULL NAME Edward H. Yingling

(a) RESIDENCE NO. 1606 Jackson ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	widower

6a If married, widowed, or divorced HUSBAND of (or WIFE of) Florence L. Beall

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
Abt.	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Locomotive Eng. 073

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Jacob Yingling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary Eisler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Weather (Address) 1606 Jackson

15 [illegible] 2 . 1933 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Aug 28 . 19 33 . to Aug 31 . 19 33 .

that I last saw h— alive on Aug 31 . 19 33 .

and that death occurred, on the date stated above, at 10:20 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Schweyer M. D.

19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: 9/2/ 1933

20 UNDERTAKER: C. J. Oakey & Sons. ADDRESS: 1318 Light

M. D. R. 1268-9

93315

Wueger

E 93315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 E. Oliver St., 8-01 Ward)

Length of residence in city or town where death occurred 54 yrs. 9 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Fred Martin Wueger

(a) Residence: No. 2618 E. Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Elizabeth Klein

6. DATE OF BIRTH (month, day, year) Dec. 10, 1878

7. AGE Years	Months	Days	LESS than 1 day, ..hrs. or ..min.
54	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R.R.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Martin Wueger

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Rosina Weiler

16. BIRTHPLACE (city or town) (State or country) Wuertemberg Germany

17. INFORMANT Rosina Ernst

(Address) 351 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 4, 1933

19. UNDERTAKER John Ullrich & Bro. Funeral Directors

(Address) .....

20. FILED ..... 19..... ..... Registrar.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1933 to Aug. 31, 1933

I last saw h~~is~~ alive on Aug. 31, 1933 Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	Aug 27, 1933
Other contributory causes of importance: Chronic Glomerular Nephritis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify,

(Signed) J. Hal Grossman M. D.

(Address) 2225 E. Preston St.

AaCo. 5-31 250B

93316 E 93316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 72-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 4-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 8 ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs. Leona Kaufman

(a) Residence: No. Woodstock, Md St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H. Kauffman

6. DATE OF BIRTH (month, day, year) Feb. 18 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pleasant Valley Virginia

FATHER

13. NAME Edwin Cross

14. BIRTHPLACE (city or town) (State or country) Pleasant Valley Virginia

MOTHER

15. MAIDEN NAME Laura Hutchenson

16. BIRTHPLACE (city or town) (State or country) Pleasant Valley Virginia

17. INFORMANT Edward H. Kauffman
(Address) Woodstock Md

18. BURIAL, CREMATION, OR REMOVAL
Place Herndon Va. Date Sept. 4 1933

19. UNDERTAKER Frank Ewald & Sons
(Address) 701 Belair Road

2 MAR 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24 1933 to September 2 1933
I last saw her alive on September 2 1933 death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pseudo leukaemia (Lymphosarcoma type - unknown etiology)	?
2. Anaemia	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Wagnella, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268 E 93317 Jacs E 93317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St. 27-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Jacs

(a) Residence: No. 534 S. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year): May 13 1906

7. AGE — Years: 27 | Months: 4 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 129

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm Jacs

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Rose Botosky

16. BIRTHPLACE (city or town) (State or country): ? Poland

17. INFORMANT (Address): Patient

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9-4-33, 19

19. UNDERTAKER: Chas B Kuhlmeier
(Address) 637 So Paca St

P 2 - 1933 Huntington Ave Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-1-33 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1933 to 9-1, 1933

I last saw h. alive on 9-1, 1933 Death is said to have occurred on the date stated above, at 9 15 m.

The principal cause of death and related causes of importance were as follows:

Sarcoma, 4th rib left side

Metastasis. 8 mos.

Date of onset

Other contributory causes of importance: none

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Evelyn E. Lewis M. D.

(Address) Balto City Hospitals

M. D. H. 126-A E 93318 E 93318 E 93318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 19-01 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora M O'Donnell

(a) Residence: No. 527 N Eaton Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Wm O'Donnell

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Mary A. Brunemann
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place Patapsco Cem. Date Sept 4, 1933

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED Sept 2 1933 Huntington Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1259-9 E 93319 E 93319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward) Life

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John P. Bauer

(a) Residence: No. 3708 Spalding ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah Ann Bauer

6. DATE OF BIRTH (month, day, year) Aug 23, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selin's Gutman Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Bauer

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Klauffeller

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Sadie Bauer (Address) 3718 Spaldingave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Aug 5 1933

19. UNDERTAKER Harry W. Eblen (Address) 1422 W. Pratt St

20. FILED ... Registrar

3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/1/ 1933, to 8/2/ 1933.

I last saw HIM alive on 8/2/ 1933. Death is said to have occurred on the date stated above, at 5.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8/1/33
Arteriosclerosis with hypertension.	
Other contributory causes of importance Myocardial failure	8/2/33

Name of operation ... Date of ...

What test confirmed diagnosis CLINICAL Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1284-9 E 93320 E 93320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Abraham Dot.
(a) Residence: No. 112 N. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta Dot

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Peddler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 45
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Anson Dott
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Malka
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL 9/3/33
Place Baltic Hebrew Date 9/3 19

19. UNDERTAKER Jack Levy Son
(Address) 1439 E. Baltimore St.

20. FILED 9/3 19 Huntington Williams Registrar

P3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/33. 19

22. I HEREBY CERTIFY, That I attended deceased from August 25 1. 1933. to September 1, 1933.
I last saw h[illegible] alive on September 1, 1933. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset:
Stasis bowel ulceration	1924
Bronchopneumonia	8/20/33
Other contributory causes of importance:	
Cellulitis L/S torso	8/19/33

Name of operation Excision-drainage Date of 8/21/33
What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Samuel Weinman M. D.
(Address) Sinai Hospital

E 93321 E 93321

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S. Payson St. 20-01 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ida Knitz

(a) Residence: No. 426 S. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of same

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Moller

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Washington Park Date 9/3/33

19. UNDERTAKER Joseph Lewis Inc

(Address) 1939 E. Baltimore St

20. FILED Huntington Williams, M.D.

SEP 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1933 to 9/2 1933

I last saw h. on alive on 9/2 1933. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobaris	1932

Other contributory causes of importance:

Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 93322 E 93322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 13-a1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George C. Tarleton

(a) Residence: No. 1107 West 42nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	white	widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE Mrs George C. Tarleton

6. DATE OF BIRTH (month, day, year) Mar 12th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3 5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motorman
10. Date deceased last worked at this occupation (month and year) 1922
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George C Tarleton
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen Brewer
16. BIRTHPLACE (city or town) (State or country) Broomes Island Md

17. INFORMANT Margaret M. Robinson
(Address) 1107 W. 42nd St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 4th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED SEP 3-1933 Livingston Williams, N.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1933, to September 2, 1933
I last saw him alive on September 2 1933 death is said to have occurred on the date stated above, at 2.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertrophy of prostate & benign	?
2. Arterio-sclerosis	?
3. Anemia-sclerosis	?
4. Chronic myocarditis	?
Other contributory causes of importance:	
1. Uraemia	9-1-33
2. Tetanus	9-1-33

Name of operation Resection prostate Date of 9-1-33
What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B 1268-9 E 93323 E 93323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 28-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Mary J Burke

(a) Residence: No. 323 Maryddell Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Edward Burke

6. DATE OF BIRTH (month, day, year) Dec 24, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Gorton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Edward Burke
(Address) 323 Maryddell Rd Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 9/5/33

19. UNDERTAKER Wm Cook & Co
(Address) 1547 Ford Ave

FILED 9-3-1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1933

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1933 to Sept 2, 1933
I last saw h alive on Sept 2, 1933. Death is said to have occurred on the date stated above, at 9:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis.	
Left side hemiplegia	
Other contributory causes of importance:	
Bronchopneumonia —	8/26/33

Name of operation None ; Date of —

What test confirmed diagnosis Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John C. Dunn, M. D.

(Address) St. Agnes Hospital.

M. D. B 1268 E 93324 E 93324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V107-001

Registered No. 7-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 E. 24th St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Tribull

(a) Residence: No. 209 E. 24th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Louise V. Tribull

6. DATE OF BIRTH (month, day, year) Nov 3rd 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Manufacturing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Tribull

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Tribull

(Address) 209 E. 24th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 5th 1933

19. UNDERTAKER Wm Cook

(Address) 121 Light St

Registrar. 19

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

3-7933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Augt 27th, 1933, to Sept 2, 1933

I last saw him alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 2:a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8.27.33

Other contributory causes of importance: Age

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H K Konvalinka, M. D.

(Address) 112 Preston St

M. D. B. 1268-A E 93325 E 93325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 70 - 01 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Ruths

(a) Residence: No. German Aged Home Baltimore and Payson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis. Ruths

6. DATE OF BIRTH (month, day, year) Aug 2 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Phillipps

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Ebstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Esther Sykes

(Address) 3405 Lake Montebello Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept 4, 1933

19. UNDERTAKER Josiah Sykes

(Address) 1000 N. Gilmor St

20. FILED P3-1933 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to September 1, 1933

I last saw h.e.r. alive on September 1, 1933. Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arteriosclerosis	1931
Arterial Hypertension	
Auricular Fibrillation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nathan Racusin, M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269 E 93326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93326

V 186-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Rawley

(a) Residence: No. 1542 N. Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Rawley

6. DATE OF BIRTH (month, day, year) Feb 17 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Joseph Rowley Coms.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ruth Gleason

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm. Charles J. Rowley

(Address) 1542 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Sept 5 1933

19. UNDERTAKER Henry Rockstroh Sons Co

(Address) 1301 E. Eager St.

P 3-1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Broncho Pneumonia	2 days

Other contributory causes of importance:

Accidental Fracture of Right Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 9/1 1933

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on steps.

Nature of injury Fract of Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B F Morgan M. D.

Coroner

(Address) 130 S Fallsway

M. D. B. 12-49 E 93327 E 93327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Elsinore Ave 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Alonzo Dean Jr.

(a) Residence: No. 2411 Elsinore Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adelaide King Dean

6. DATE OF BIRTH (month, day, year): May 13, 1878

7. AGE: Years 55 | Months 3 | Days 18/19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: E. L. Craig Marine Ry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George A. Dean

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

MOTHER

15. MAIDEN NAME: Emma Horton

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs Adelaide K. Dean

(Address) 2411 Elsinore Ave.

18. BURIAL, CREMATION, OR REMOVAL: London Park Cem. Date Sept 4 1933

19. UNDERTAKER: Loh Hickner Bros North & Fremont Ave.

(Address)

FILED SEP 3 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to Sept 1, 1933

I last saw him alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 9.55a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1923
Other contributory causes of importance:	
Chronic interstitial nephritis	?
Pneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Coroner's Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney H. Sigelt, M. D.

(Address) 750 N. Fort Ave

M. D. B. 1268

E 93328

E 93328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. 16-01 Ward)

Length of residence in city or town where death occurred 47 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence W. Preston

(a) Residence: No. 1106 McKean Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Preston

6. DATE OF BIRTH (month, day, year) 3/26/86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rather 86

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James H. Preston

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Eliz. Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date Sept 5. 1933

19. UNDERTAKER Wm Tickner & Sons
(Address) North & Paca

20. FILED 19 Huntington Williams M.D.

P 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1-33 19 to 9-2-33 19

I last saw him alive on 9-2-33 19 Death is said to have occurred on the date stated above, at 3:15 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
lung abscess	2 mos
Contributory Syphilis	
Other contributory causes of importance:	
myocardial	8-10
failure	mos

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emmett E. Poole M. D.

(Address) Balto. City Hospitals

M. D. B. 1268

E 93329

E 93329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Marmon Ave St., 28-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Ellis Oliver Sr.

(a) Residence: No. 3713 Marmon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edith M Oliver

6. DATE OF BIRTH (month, day, year) July 17, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66	1	14	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr Sharp & Dohme

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs.

10. Date deceased last worked at this occupation (month and year) Aug 33

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Phila.

FATHER

13. NAME Alfred Oliver

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jennie Puddick

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Edith M. Oliver
(Address) 3713 Marmon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia Pa Date Sept 4 1933

19. UNDERTAKER Wm Hickey & Sons
(Address) Wood & Patapsco

20. FILED Sept 5 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from August 12 . 1933 . to Sept 1 . 1933.
I last saw him alive on Sept. 1 . 1933. Death is said to have occurred on the date stated above, at 2:30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Arteriosclerosis; Senile changes.	

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify.

(Signed) Robt. B. Wright M. D.
(Address) Medical Arts Bldg.

M. D. B. 1263-9

E 93330

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93330

CERTIFICATE OF DEATH

V 62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher Ignatius Hartman

(a) Residence: No. 2914 O'Donnell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 27 1872 Jan. 28, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~71~~ 61	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Sabastian Hartman

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Sept 4 1933

19. UNDERTAKER Lilly Fiele Due

(Address) 4th & O'Donnell Sts Huntington Pallbearers, W. Va.

20. FILED SEP 5 - 1933 [illegible] Registrar.

N. B.—WRITE ... information ... state CA... OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1933 to Sept. 1, 1933

I last saw him alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra acute	1-Jun.
Enteritis Chronic	?
Alcoholism, Chronic	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. J. Mazzil M. D.

(Address) Balt. City Hosp.

M. D. H. 1928

E 93331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93331

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Pinewood Ave. St., 27-01 Ward)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH J. WIENERS.

(a) Residence: No. 3906 Pinewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Wieners

6. DATE OF BIRTH (month, day, year) Feb. 24 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Wieners (Wife)
(Address) 3906 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 4 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 402 S. Wolfe St.

20. FILED 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Geberal Arteriosclerosis — ??

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Wieners M. D.

(Address) 508 E Lombard Coroner

M. D. B. 1945-9 E 93332

E 93332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary St., 6 (Ward)

Length of residence in city (if not a resident, give length in city where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter [illegible] Lanty

(a) Residence: No. Edgewood, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada

6. DATE OF BIRTH (month, day, year) June 13, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Farmer~~ Stationary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgewood, Md.

FATHER

13. NAME Frederick County

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Swisher

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ada Lanty (Address) Edgewood, Md.

18. BURIAL, CREMATION, OR REMOVAL Trinity Lutheran, Joppa Md Date Sept 5. 1933

19. UNDERTAKER Howard R. McComas (Address) Aberdeen Md

20. FILED Sept 6, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19 . to . 19

I last saw h alive on May 19 . Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures

Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 31. 1933

Where did injury occur? Edgewood Md Harford Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto Accident

Manner of injury Driving auto while

Nature of injury Thrown out of a machine

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Sharp M. D.
Coroner

(Address) 209 E. Baltimore St.

M. D. B. 1264 E 93333 Parkes E 93333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH Maryland Gen Hospital

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Joseph Parkes

(a) Residence: No. 736 South Decker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Parkes

6. DATE OF BIRTH (month, day, year) June 10 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	2	21	22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Mr Joseph Parkes

14. BIRTHPLACE (city or town) Austria
(State or country)

MOTHER

15. MAIDEN NAME Mary Maly

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT Mrs Parkes
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Sept 5 1933

19. UNDERTAKER George W Zirkler
(Address) 1737 E Pratt St.

20. FILED Sept 5 1933 [illegible] Registrar.

OCCUPATION IS VERY Important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug Sept 1. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1933 to Sept 1 1933

I last saw h... alive on Sept 1, 1933. Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of the stomach	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M.D.

(Address) Md. Gen. Hospital

M. D. B. 1265-9

E 93334

E 93334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Keswick Rd. St., 13-1 Ward)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 14 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Littleton Dennis Peackle Quinby.

(a) Residence: No. 3901 Keswick Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Lula Belle Quinby.

6. DATE OF BIRTH (month, day, year) August 27, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Real Estate operator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 17yrs

12. BIRTHPLACE (city or town) (State or country) Onancock, Virginia.

FATHER

13. NAME Upshr B. Quinby.

14. BIRTHPLACE (city or town) (State or country) Virginia,

MOTHER

15. MAIDEN NAME Georgia Richardson.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mrs. R. Claiborne Hale. (sister)
(Address) Ambassador Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Onancock, Va Date Sept 4, 1933

19. UNDERTAKER Stewart & Mowen
(Address) 108 W North Ave

20. FILED SEP 5 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. M. Kierland M. D.
Coroner

9/8/33 (Address) 1017 E. Charles St.

M. D. B. 1208-9 E 93335 ✓ E 93335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 E Madison St., 10-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Green

(a) Residence: No. 903 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Green

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1882			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co
(State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Balto Co Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Graves

16. BIRTHPLACE (city or town) Balto Co Md
(State or country)

17. INFORMANT James Green (Husband)
(Address) 905 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Chase Ind. Date Sept 4/33

19. UNDERTAKER Robert H. Williams & Son
(Address) 1515 Eutaw Place

20. FILED , 19 Registrar.

9-5-1933 Huntington Funeral Home

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to Sept 1, 1933. I last saw her alive on Sept 1, 1933. Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

Uremia Apoplexy — Date of onset Sept 1933

Other contributory causes of importance:

Myocarditis — July 5 33

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. H. Green M. D.

(Address) 900 Augusta St

M. D. B. 1208-9

E 93336

E 93336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Cross St., 6-01 Ward)

Length of residence in city or town where death occurred 3/4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Colwell

(a) Residence: No. 409 Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 21 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32 / 1900	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond

FATHER

13. NAME Colwell

14. BIRTHPLACE (city or town) (State or country) Richmond

MOTHER

15. MAIDEN NAME Clarvoe

16. BIRTHPLACE (city or town) (State or country) Richmond

17. INFORMANT Colwell
(Address) Richmond

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/5/33

19. UNDERTAKER Peter Waters
(Address) 515 N. Eutaw St

FILED SEP 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 33

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 33 to Sept 1 33

I last saw him alive on Sept 1 33 Death is said to have occurred on the date stated above, at 5:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Aug 31
Collapse	Sept 1
Other contributory causes of importance:	
Acute Tuberculosis	1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo L Wolff M. D.

(Address) 1201 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 E 93337 ✓ E 93337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 W Baltimore St. 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 20 yrs. ... mos. ... ds.

2. FULL NAME Sister St Florent (Bridget O'Donoghue)

(a) Residence: No. 2000 W Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Regina
(Address) 2000 W Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 9/4 33

19. UNDERTAKER George A Fuller
(Address) Frederick & Lafayette

20. FILED SEP 5 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 32 to Sept. 1, 1933.

I last saw h alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Nephritis	10 days
Myocarditis	9 Mo-
Other contributory causes of importance: Lobar pneumonia	5 days

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Bonelli M. D.

(Address) 3326 Frederick Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1209-9 E 93338 ✓ E 93338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 23

1. PLACE OF DEATH U.S. Marine Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Jennings

(a) Residence: No. Canton Arcade, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping

10. Date deceased last worked at this occupation (month and year) 8/12/33

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Southern Maryland

FATHER

13. NAME William Jennings

14. BIRTHPLACE (city or town) (State or country) South River Md.

MOTHER

15. MAIDEN NAME Emma Lincoln

16. BIRTHPLACE (city or town) (State or country) South River Md

17. INFORMANT (Records of U.S. Marine Hosp.) Baltimore Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept 3, 19

19. UNDERTAKER Chas. E. Schaefer
(Address) 1600 E. Fayette Street

20. FILED 19 Huntington Williams Jr. Registrar. SEP 3

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933 to Sept 2, 1933

I last saw him alive on Sept 2, 1933. Death is said to have occurred on the date stated above, at 11 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, acute	Unknown
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. A. Abbott M. D.

(Address) U.S. Marine Hospital

M. D. B. 1268-B E 93339 ✓ E 93339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 21-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Bauer

(a) Residence: No. 1144 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 29, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gabel Bauer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margie Ball.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Gabel Bauer.
(Address) 1144 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Cem. Date Sept. 4- 1933

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED 9-4-1933 19 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1933, to Sept. 2, 1933.
I last saw him alive on Sept 2, 1933. Death is said to have occurred on the date stated above, at 6 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	8-29-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Racusin M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9 E 93340 ✓ E 93340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2041 E. 32nd St., 9-01 Ward)

Length of residence in city or town where death occurred 84 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth 84 yrs 9 mos 14 ds.

2. FULL NAME Susan Sherwood Fairbank

(a) Residence: No. 2041 E. 32nd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Charles Alexander Fairbank, Sr.

6. DATE OF BIRTH (month, day, year) November 17 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Perry Sinclair

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary A. Sherwood

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Charles A. Fairbank, Jr. (son)

(Address) 2207 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount (Cem.) Date Sept 4/33 19

19. UNDERTAKER Stewart & Mauran Company

(Address) 108 W. North Avenue

20. FILED 9-4-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 24 19 33

22. I HEREBY CERTIFY, That I attended deceased from July 1, 19 33, to Aug 31 19 33. I last saw h.e alive on Aug 31 19 33. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Aug 24 33
Other contributory causes of importance:	
Cardiac Failure	Aug 24 33

Name of operation / Date of /

What test confirmed diagnosis? / Was there an autopsy? /

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert L. Kurtz, M. D.

(Address) 1216 Hayford Rd.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. B. 1268-9 E 93341 ✓ E 93341

276130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 26-01 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Bayer
(a) Residence: No. 3717 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 11-24-96

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	37	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thos Birmingham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Sharkey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn Date Sept. 5 1933

19. UNDERTAKER John Leeret
(Address) 3600 Pall Mall
Huntington Williams, N.P.

20. FILED SEP 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1933, to Sept 2, 1933
I last saw her alive on Sept 2, 1933 Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Chronic Myocarditis	
Syphilis incompletely treated?	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R Carmichael Tilghman, M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1268-9 E 93342 ✓ E 93342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. East Ave St., 1-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Charles Volz

(a) Residence: No. 604 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Volz

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61 63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Litho Plate Grainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edwin H. Parker

(Address) 3722 Raymore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept. 4. 1933

19. UNDERTAKER HENRY SANDER & SONS, INC.

(Address) Baltimore 2 Broadway

Huntington Williams, Registrar.

FILED Sept 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14. 1933. to Sept. 1 1933

I last saw him alive on Sept 1 1933 Death is said to have occurred on the date stated above, at 9.23 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver (alcoholic history)	(2 yrs.)
Chronic Nephritis	6 mos.
Other contributory causes of importance: Pulmonary Edema	several days

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George D. Lipsy M. D.

(Address) 45 & S. Patterson Pk. Ave.

AACo. 5-31 250B E 93343

E 93343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5500 Hill Top Ave. St., 27th Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Barbara Schroeder

(a) Residence: No. 5500 Hill Top AVE., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Rudolph Schroeder

6. DATE OF BIRTH (month, day, year) Aug 8 1859.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	0	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Adam Schroeder.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Ferman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Meta E. Young

(Address) 5500 Hill Top Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Date 9-4-1933.

19. UNDERTAKER Geo. L. Schwab

(Address) 201 Frederick Ave.

20. FILED 9-4-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31-33. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933, to Aug 31 1933

I last saw her alive on Aug 31. 1933, death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Myocardiac Failure	

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Carroll Simmons M. D.

(Address) 4102 Hamilton Ave

M. D. B. 12684 E 93344 ✓ E 93344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Sb.)

CITY OF BALTIMORE: (No. ..... St., 4-21 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Reaves

(a) Residence: No. 1419 Franklin st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Reaves

6. DATE OF BIRTH (month, day, year) June 5, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	25	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Mary Phelps

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Middleground Balt. 9/4/33

19. UNDERTAKER Chas. G. Cooper
(Address) 514 No. Carrollton Ave. Huntington Woods Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to Sept. 1, 1933.

I last saw her alive on Sept. 1, 1933. Death is said to have occurred on the date stated above, at 8.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. V. Jackson M. D.

(Address) Baltimore City Hospitals

AaCo. 5-41 2500

E 93345 ✓ E 93345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 Eager St., 10-C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Ernestine Henry

(a) Residence: No. 1441 Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 6-1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
✓	9	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Henry Hansen

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Myrtle [illegible]well

16. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

17. INFORMANT Hansen Henry
(Address) 1441 Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Lawn Cem Date Sept 4th 1933

19. UNDERTAKER Ada L Snowden
(Address) 1129 Caroline St
Huntington Williams, MD

20. FILED ... 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to Aug 31, 1933

I last saw h[illegible] alive on Aug 31, 1933, and death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Aug 20
Bronchopneumonia	33
(Primary)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) 507 Aisquith St.

E 93346

M. D. B. 1265-9

E 93346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N. Appleton St. 15-01 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Gluck

(a) Residence: No. 1810 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Minnie

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 76 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Perry Myers
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Rodelph Date 9/4/33 19

19. UNDERTAKER: Jack Levy Sons
(Address) 1435 E. Baltimore St

20. FILED SEP 4 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec- 1932 to Sept-3- 1933

I last saw h.. alive on Sept-3- 1933 Death is said to have occurred on the date stated above, at 7 A M.

The principal cause of death and related causes of importance were as follows:

Spleno-Myelogenous Leukemia about 4 years duration

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Herman Siedel M. D.

(Address) 2404 Eutaw Pl.

M. D. B. 1268-D E 93347 ✓ E 93347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 E. Fayette St. 6-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Aronson

(a) Residence: No. 1928 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Heckel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furs 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolf Aronson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Laura Aronson
(Address) 1622 E. Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 9-4-33 19

19. UNDERTAKER Jack Levin
(Address)

20. FILED 9-4-1933 Huntingtown, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1931 to Sept-3 - 1933

I last saw him alive on Sept-2 1933 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	2/14/30

Other contributory causes of importance:

Fractured skull in 1931 - followed by partial hemiplegia, hypertension

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 2/14 - 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury Automobile accident

Nature of injury an abrasion

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

M. D. B 1268-9

E 93348 ✓ E 93348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

153

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 841 N. Gay St. (19 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 11 yrs. ... mos. ... ds.

2. FULL NAME Fryer Bendelson

(a) Residence: No. 841 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Men's Furnishings

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation. 0 4/12

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address) W. C. & A. R. R.

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Cem. Date 9-4-33 19

19. UNDERTAKER Jack Levin Bro.
(Address) 1737 E. Baltimore St.

20. FILED ... 19 ... Registrar

P 4 - 1933 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3. 1933

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1933, to September 3, 1933
I last saw him alive on Sept. 3, 1933. Death is said to have occurred on the date stated above, at 6:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erythema Multiforme	
Septicemia (Final)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Katzenstein M. D.
(Address) Sinai Hospital

Spec.—2-29-28—L. F. S.—500 Bks. E 93349 ✓ E 93349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Clifton Ave. WARD) 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Catherine Kuszmaul

(a) RESIDENCE NO. 2017 Clifton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of William F. Kuszmaul Sr.

6 DATE OF BIRTH (month, day, and year) April 27, 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 07

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER — Wigart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Walter B. Kuszmaul

(Address) 2017 Clifton Ave.

15 Filed ..... 19 ..... Registrar

SEP 4 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1st 33.

17 I HEREBY CERTIFY, That I attended deceased from March, 1933, to Sept. 1, 1933,

that I last saw h— alive on Sept 1st, 1933

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Chronic valvular disease

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Kat. Pfeiffer, M. D.

, 19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 9-5-1933.

20 UNDERTAKER Wendell E. Humphreys

ADDRESS 15-01 Broadway

E 93350

M. D. B. 1268-9

✓ E 93350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 London Ave 90-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean L. Clark

(a) Residence: No. 421 London Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Aug 27 1933

7. AGE: Years — Months — Days: 5 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: James Clark

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Ruth Caldwalder

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: James Clark
(Address) 421 London Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Date Sept 4 1933

19. UNDERTAKER: Frank Brockman
(Address) 1906 Garrison Blvd

20. FILED Sept 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1933 to Sept 2 1933.

I last saw her alive on Sept 2 1933 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
Pneumonia
Congestive Heart Failure

Date of onset: Sept 1

Other contributory causes of importance:

Pneumonia
Congestive Heart Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack J. Singer M. D.

(Address) 504 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 93351 ✓ E 93351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 E.Madison St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? 56 yrs. mos. ds.

2. FULL NAME Joseph Sevcik

(a) Residence: No. 2300 E.Madison St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Sevcik

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Matej Sevcik

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Josefa Ceplech

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Sevcik

(Address) 2300 E.Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept.6 1933

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

20. FILED Sep 4 - 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 33

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1933 to Sept 2 1933

I last saw him alive on Sept 2 1933 Death is said to have occurred on the date stated above, at 1130 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 2, 33
Other contributory causes of importance: Cardiac Paralysis	Sept 2, 33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Rogers M. D.

(Address) 801 N. Kenwood Ave

E 93352 E93352

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 93352

CERTIFICATE OF DEATH.

92-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10 Ward)

2-FULL NAME Victoria Marshall

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 20 Nov. 1848

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
✓	84	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Servant Maid

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Carl Marshall

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Superior, Little Sisters of the Poor

(Address) 1200 Valley St. City

5-1933 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 Sept. 19 33

Sept 4/33

17 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ....., 19.....,

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Ch. Endocarditis

(duration) 6 yrs. 3 mos. ....ds.

CONTRIBUTORY

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Dr. Albert L. Levi M. D.

, 19 (Address) 1826 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial Sept. 5 1933

20 UNDERTAKER — ADDRESS Rita Winfield 914 Fremont Ave

M. D. B. 12-1-19 E 93353 E 93353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4744 Park Heights Ave (St.) (Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otis P. Thompson

(a) Residence: No. 4744 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of Gertrude Thompson

6. DATE OF BIRTH (month, day, year) Aug 25th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer Clo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Business

10. Date deceased last worked at this occupation (month and year) Mar 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Otis P. Thompson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Nancy Thompson

(Address) 4744 Park Hghts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 6th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED SEP 5 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to Sep 4 1933

I last saw him alive on Sep 1 1933 Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Rubert M. D.

(Address) 3608 Seguine Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93354

E 93354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred Kramer

(a) Residence: No. 412 Calvin Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Gladys Kramer

6. DATE OF BIRTH (month, day, year) Nov 6, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 05

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas Kramer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bessie Tanowitch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 5th, 1933

19. UNDERTAKER Wm Cook
(Address) 1417 St. Paul St. Baltimore Md

FILED SEP 5 1933 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1933 to Sept 3, 1933

I last saw h... alive on Sept 3, 1933 Death is said to have occurred on the date stated above, at 9 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (right)	4 days
Bronchial Pneumonia (left)	

Other contributory causes of importance:

Arteriosclerotic Cardiovascular disease	
Cerebral thrombosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm A. Kolmer, M. D.

(Address) Emerg Hosp.

M. D. B. 1268-9 E 93355 E 93355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH XV93-003

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ?4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Wonderlich

(a) Residence: No. Belinda Ave St., ... Ward. Hagerstown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 22 1848

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	85	3	12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... Germany
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pomfret, Md Date Sept 7, 1933

19. UNDERTAKER Joseph B. Cogh
(Address) 1005 N. Balto St.

20. FILED ..... 19 ..... Registrar.

Sept 7 1933 Interment

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1933, to September 4, 1933

I last saw h... alive on Sept 4, 1933 Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Cerebral arteriosclerosis	?
Arteriosclerotic Cardiovascular Disease	?
Pneumonia	15 days

Other contributory causes of importance:

Chronic Bronchitis	?
Senility	?
Hypostatic pneumonia	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jean A. Cochran, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9 E 93356

E 93356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Kathland Ave. St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Parthenia Hamner

(a) Residence: No. 4303 Miami Place. St., ... Ward. Ostrander, Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel M. Hamner

6. DATE OF BIRTH (month, day, year) July 1, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amherst Co. Va.

FATHER

13. NAME ////// Thomas? Childress

14. BIRTHPLACE (city or town) (State or country) Xxxxxx Amherst Co., Va

MOTHER

15. MAIDEN NAME Millie Brown

16. BIRTHPLACE (city or town) (State or country) Amherst Co., Va.

17. INFORMANT W. J. Hamner
(Address) 4303 Miami Place

18. BURIAL, CREMATION, OR REMOVAL
Place Ostrander, Ohio Date Sept (4) 1933

19. UNDERTAKER Wm. Huckle Sons
(Address) Vine & Paines
Huntington Privalle, Ind.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 4/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Probably Myocardial Insufficiency	
Other contributory causes of importance: General Aryerioscleresis	????

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Hagan M. D.
Coroner

(Address) 508 E. Fayette

M. D. B. 1268-S E 93357

E 93357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Patapsco St. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 10 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William P. Hinkel.

(a) Residence: No. 1012 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed, or divorced~~ husband of ~~wife of~~ Mary Hinkel.

6. DATE OF BIRTH (month, day, year) October 7, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William P. Hinkel.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna M. Ohrig.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry Hinkel. (brother)
(Address) 1012 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 9/5 1933

19. UNDERTAKER L. F. McCully
(Address) 130 E. Fayette St.

Huntington Ave. N.Y.

FILED 9/5 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.50 A.m

The principal cause of death and related causes of importance were as follows:

Pistol shot wound of the brain.
Suicide.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide. Date of injury 9/4/33 19

Where did injury occur? 1012 Patapsco St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At his home.

Manner of injury Pistol shot wound of brain.

Nature of injury Suicide.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. M. Reinhardt M. D.
Coroner

9/4/33 Address 1017 S. Charles St.

AACo. 5-31 250B E 93358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93358

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 E. Lafayette ave St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred V8 yrs. 3 mos. 26 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta M. Olwine

(a) Residence: No. 309 E. Lafayette ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7 187V

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	V8	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Augustus H. Olwine
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Catharine M. Barnhouse
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Edna W. Olwine
(Address) 309 E. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
Place Permanent Date SEPT V 1933

19. UNDERTAKER William G. Black
(Address) 1 E. Lafayette ave

20. FILED SEP 5 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1933

22. I HEREBY CERTIFY, That I attended deceased from August 28 1933 to Sept 2 1933
I last saw h[illegible] alive on Sept 2 1933 death is said to have occurred on the date stated above, at 10.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	1931
Other contributory causes of importance:	
Uremia	5 days before

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. M. Shipe M. D.
(Address) 2435 Maryland Ave

Spec.—8-16-29—L. F. S.—10[illegible] Blks

E 93359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93359

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH 703 (accidental 9-1-01) Baltimore 4th ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No.)

2—FULL NAME Benjamin J. Berry

(a) RESIDENCE NO. 703 Carroll Ave. WARD

(Usual place of abode) (If non-resident give ~~town~~ ~~county~~ ~~state~~)

Length of residence in city or town where death occurred 40 Yrs. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Berry

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Benj. Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Letitia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

11 Informant Mary Berry

(Address) 703 Carroll Ave

15 Filed 9-5-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2-33

17 I HEREBY CERTIFY that I attended deceased from 7/6/33, to 8/6/33, 19..., that I last saw h[illegible] on 8/6/33, 19..., and that death occurred, on the date stated above, at 6:1 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) Eight Mos.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) G. J. Baughman M.D.

9/4/33 (Address) 544 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Memorial Park DATE OF BURIAL Sept 5th 1933

20 UNDERTAKER Merrick & Riddle ADDRESS 210 N. Carrollton

M. D. B. 1268 E 93360 E 93360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Highland Ave. St. 26-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 55 yrs. ... mos. ... ds.

2. FULL NAME DANIEL YOST

(a) Residence: No. 9 N. Highland Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Yost

6. DATE OF BIRTH (month, day, year) Jan. 5. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	1 48	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Catherine Eckstein (Daughter)
(Address) 9 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Sept. 5. 1933
Place Date 19

19. UNDERTAKER HENRY SAUER & SONS, INC.
(Address) Baltimore & Broadway.

FILED SEP 5 - 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3. 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9 E 93361 E 93361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Simms

(a) Residence: No. 1000 Springfield Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lonie Simms

6. DATE OF BIRTH (month, day, year) Feb. 10 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME George Simms Sr

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Landis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends

(Address) 2400 E. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept. 6 1933

19. UNDERTAKER Thos J. S. Lockard

(Address) 1302 Gilmor St. Baltimore Md

20. FILED SEP 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 11. 1933 to September 3 1933

I last saw him alive on Sept. 3. 1933 Death is said to have occurred on the date stated above, at 1:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Naso-Pharynx	?
& Metastases to glands of neck	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pharaoh M. D.

(Address) Balt. City Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 12-9 E 93362 E 93362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. 8-01

CITY OF BALTIMORE: (No. 1507 N. Bond St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella A. Hardee

(a) Residence: No. 1507 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Hardee

6. DATE OF BIRTH (month, day, year) November 3rd, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At HOme

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME George W. Clark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. D. B. Clark
(Address) 1507 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery, Date Sept. 6th. 1933

19. UNDERTAKER Geo. H. Frank & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED SEP 5 - 1933 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3rd. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1933 to Sept. 3 19..

I last saw her alive on Sept 3 19.. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hubert Thomas M. D.

(Address) 31 Cathedral Ave

M. D. B. 1268-9

E 93363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93363

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 15 14 Druid Hill Ave St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Sydnor

(a) Residence: No. 1617 Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	2	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME David Sydnor

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Beatrice Jackson

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT Sarah Sydnor

(Address) 1617 Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Fair Lawn Date 9/6 19 33

19. UNDERTAKER Lord & Grace Co.

(Address) 638 N. Eutaw

20. FILED SEP 5 1933 Mentor for [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1933 to 9-5 1933

I last saw him alive on 9-15 1933. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. Hance M. D.

(Address) Provident Hosp

M. H. R. 12630

93364

E 93364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

1. PLACE OF DEATH Bon Secours Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Cooper

(a) Residence: No. 549 Druid Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Agnes Cooper

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years 61 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Henry Cooper

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Mary Jones

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt. Auburn — Date: Sept 7, 1933

19. UNDERTAKER: Jesse W. Riddell
(Address): 436 W. Biddle St

20. FILED: SEP 5 - 1933 — Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1933 to Sept 4, 1933

I last saw him alive on Sept 3, 1933. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hemiplegia	
Cardiac failure.	
Other contributory causes of importance:	
Cirrhosis	over

Name of operation: None — Date of: .....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No — Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify ...

(Signed) Henry Feldmann, M. D.

(Address) ...

M. D. E 93365

E 93365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501-Aisquith Street St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Frances Elizabeth Healy

(a) Residence: No. 1501-Aisquith Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Healy

6. DATE OF BIRTH (month, day, year) Feb. 20, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	15	XXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Pt. Va.

FATHER

13. NAME James E. A. Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Henrietta T. Bray

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eunice F. Healy
(Address) 1501-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9-6 19 33

19. UNDERTAKER George J. Pratt Inc.
(Address) 1735 Harford Ave

FILED SEP 5 - 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6th-1932 19..... to Sept. 4th, 1933 19.....

I last saw her alive on Sept. 2nd, 1933 19..... Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Jan 1932
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---- Date of injury ----- 19.....

Where did injury occur? ----
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -----

Manner of injury -----

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Eimer B. Tenby M. D.

(Address) 3522-Greenmount Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93366

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Robinson St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Chaney

(a) Residence: No. 1520 Lakeside Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard P. Chaney

6. DATE OF BIRTH (month, day, year) Jan 26/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Weiss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina ??????

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Leonard P. Chaney Jr 1520 Lakeside Drive

18. BURIAL, CREMATION, or REMOVAL

Place Woodlawn Date Sept 6, 1933

19. UNDERTAKER Mr. Mrs. John W. Tenfelt Son
(Address) 801 W. Fayette St

20. FILED SEP 5 - 1933, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 3/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at about 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insuffiviency	
Other contributory causes of importance:	
General Arteriosclerosis	????

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] , M. D.
Coroner

(Address) 928 E Fayette

M. D. B. 1268-A E 93367 ✓ G E 93367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Queen

(a) Residence: No. 2224 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Queen

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret McCord

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Minnie Harris

(Address) 2224 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 9/5 . 1933

19. UNDERTAKER Thomas G. Kelson

(Address) 1200 Pennsylvania Ave

EP 5 - 1933 20. Filed [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury . 19 . to . 19

I last saw h alive on Injury . 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Traumatic Amputation Both leg. Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 9/2 . 1933

Where did injury occur? [illegible] Intersection 14th & Division Sts

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto ran on pavement

Nature of injury Struck by auto & thrown to pavement

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Toomey M. D.

(Address) 3200 E. Monument St Coroner

M. D. H. 1253-9 E 93368 ✓ E 93368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Pronounced Dead at
CITY OF BALTIMORE: (No. Mercy Hospital St., 18-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Stephney Diamond

(a) Residence: No. 837 Clonney St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Diamond

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co.
10. Date deceased last worked at this occupation (month and year) 15 yrs
11. Total time (years) spent in this occupation 140

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Janette Diamond
(Address) 1416 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept. 5, 1933

19. UNDERTAKER Mrs Kate R Williams
(Address) 322 N. Schroeder St.

20. FILED SEP 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..
I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Acute Dilatation of Heart	
Was at work	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) James M Fenton, M. D.
Coroner
(Address) 7002 Chase

M. D. B. [illegible]

E 93369 ✓ E 93369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St., [illegible] Ward) 9h206

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth? Life mos. ds.

2. FULL NAME Harry Gibson

(a) Residence: No. 4226 Bayonne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edith Gibson

6. DATE OF BIRTH (month, day, year) Aug. 18, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. File Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year) Aug. 12 1933

11. Total time (years) spent in this occupation 009

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Gibson

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Laura Wolfe

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT West Baltimore Gen Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Sept. 7 1933

19. UNDERTAKER Frederick Lazarus and Sons
(Address) 1401 Eutaw Pl.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933 to Sep. 4, 1933
I last saw him alive on Sep. 4, 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Unknown
Other contributory causes of importance:	
Cardiac Failure	Sep 4

Name of operation Laparatomy Date of Aug 18

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

SEP 5 - 1933

M. D. B. 1268-9

93370 ✓ 93370

93370 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1 Ward)

Registered No. 501

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maud Hawkins

(a) Residence: No. 632 Greenmillow St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced (or) WIFE of Percy Hawkins

6. DATE OF BIRTH (month, day, year) Jan 31, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	40	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry 041

10. Date deceased last worked at this occupation (month and year) —

11. Total time (if) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Worcester Co. Md

MOTHER

13. NAME Abraham Beskett

14. BIRTHPLACE (city or town) (State or country) Worcester Co. Md.

FATHER

15. MAIDEN NAME Mary Ann Flemming

16. BIRTHPLACE (city or town) (State or country) Worcester Co. Md.

17. INFORMANT Self Patient

(Address) 632 Greenmillow St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-4 1933

19. UNDERTAKER Daniel Foster

(Address) 24 Do St

Huntington Indiana Ind

20. FILED 1933

(Registrar)

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/21/33 . 19 to 9/1/33 . 19

I last saw her alive on 9/1/33 . 19 . Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubo-ovarian abscesses, bilateral,	?

Other contributory causes of importance:

8/30/33

Name of operation Hysterectomy Bilateral salpingo oophorectomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Augustus E. Linde M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

93371 ✓ E 93371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3629 Roland Ave. St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. May

(a) Residence: No. 3629 Roland Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William G. May

6. DATE OF BIRTH (month, day, year): April 9-1850

7. AGE: Years 83 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dorchester Co. Md.

FATHER

13. NAME: Marshall

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Mary E. Preble

(Address) 3629 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept. 6. 1933

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED Sept 5 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1933, to Sept 3, 1933

I last saw h[illegible] alive on Sept 3, 1933. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	5 Yrs ago

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) [illegible] M. D.

(Address) 720 N. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

93372 ✓ E 93372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1614-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Bavota

(a) Residence: No. 1116 N Monroe St. St., ... Ward. M4y.

(Usual place of abode) (If non-resident give city or town and State)

University Hospital

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/1/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Michael Bavota

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helena Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Helena Bavota

(Address) 1116 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Md. Date Sept 6, 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED Sept 6, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1-33 to 9-2- 1933

I last saw him alive on 9-2- 1933 Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

Prematurity. 32 wks

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1268-9

93373 ✓ E 93373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 11-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Richards

(a) Residence: No. 139 W. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Mildred Richards

6. DATE OF BIRTH (month, day, year) Aug 30 - ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown S.C.

FATHER

13. NAME Daniel Richards

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Matilda Mathews

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Sept 5, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1933 to Aug. 30, 1933

I last saw him alive on Aug. 30, 1933 Death is said to have occurred on the date stated above, at 5:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, syphilitic & aortic insufficiency	?
Cardiac failure	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Rogers, M. D.

(Address) Balt City Hosp.

V 2-3 OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 93374

93374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 N. Durham ST., 8-01 WARD)

2-FULL NAME Baby Girl Reynolds

(a) RESIDENCE NO. 1800 N Durham ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than ~~1 day, hrs.~~ or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Wm J Reynolds

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Helen Trucki

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant .....
(Address) .....

15 Filed 9-5-1933 W. Finlayson Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1933

17 I HEREBY CERTIFY, That I attended deceased from 9-2, 1933, to 9-2, 1933, that I last saw her alive on 5 30, 1933 P.M. and that death occurred, on the date stated above, at 5-50 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatum

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Birth

(Signed) Dane Miller, M. D.

9/2, 1933 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 9/5 1933

20 UNDERTAKER .....

ADDRESS .....

Bureau of Vital Statistics, Baltimore City Health Department

M. D. B. 1268-9

93375 ✓ E 93375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carley Lee

(a) Residence: No. 2117 Llewellyn Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/22/'09

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	24	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roxboro North Carolina

FATHER

13. NAME Henry Lee

14. BIRTHPLACE (city or town) (State or country) Roxboro N. C.

MOTHER

15. MAIDEN NAME Zola Allen

16. BIRTHPLACE (city or town) (State or country) Roxboro N. C.

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emerson of Md Date Sept 01 19 33

19. UNDERTAKER ... Smith
(Address)

5-1933 Huntington Williams M.D.
FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29/33 19

22. I HEREBY CERTIFY, That I attended deceased from 8/27/33 19 ... to 8/29/33 19 ...

I last saw him alive on 8/29/33 19 ... Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis generalized	?
Stricture of rectum	?
	over
Other contributory causes of importance:	
Lobar pneumonia	8/28/33

Name of operation Laparotomy Date of 8/27/33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Luther E. Linde M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 93376

93376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Thirty-third St. 12-01 Ward)

Length of residence in city or town where death occurred [illegible] Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary V Barnett

(a) Residence: No. Cambridge Arms apt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph P. Barnett (d)

6. DATE OF BIRTH (month, day, year) Oct. 27 1865

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
✓	67	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Eisenhardt

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Wigley

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Joseph P. Barnett Jr.
(Address) Cambridge Arms Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Cem. Date Sept 6, 1933

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1000 Eutaw Place

20. [illegible]

5-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933 to Sept. 4, 1933

I last saw h[illegible] alive on Sept 4, 1933 Death is said to have occurred on the date stated above, at 3 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	9-2-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Trounce, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. C. B. 4268-9

E 93377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 45 Brooklyn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 439 Patapsco Ave St., (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick D. Fehrmann Jr

(a) Residence: No. 439 Patapsco Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmaline Fehrmann

6. DATE OF BIRTH (month, day, year) Dec 28 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick D Fehrmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise S. M. Hoerstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emmaline Fehrmann

(Address) 439 Patapsco Ave Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 6, 1933

19. UNDERTAKER John T Dennis

(Address) 715 Light St

20. [illegible] 19[illegible]

Registrar.

5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1933, to Sept 5th, 1933

I last saw h[illegible] alive on Sept 2nd, 1933 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymph-sarcoma of tonsil with general glandular metastases	about 10 months before death

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Feibel M.D.

9/6/33 (Address) 1124-26 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93378

93378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 W. Franklin St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Nagle

(a) Residence: No. 16 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 29, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	78	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer (Lawyer)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frantz Nagel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Royden C Leonard
(Address) North Eastern Mass

18. BURIAL, CREMATION, OR REMOVAL
Place Maynard Mass Date Sept 5, 1933

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St

5 SEP 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Bullet wound Through Heart Self Inflicted Suicide while insane — Sudden — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..., 19...
Where did injury occur? 16 W Franklin
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury Self Inflicted
Nature of injury Gun Shot

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton, M. D.
Coroner
(Address) 700 E Chase

Spec.—9-30—A & Co.—250 Bks

✓ E 93379

93379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp ST. 24-01 WARD)

2 FULL NAME Mrs. Margaret Reese

(a) RESIDENCE NO. 1534- Riverside Ave ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clifton H. Reese

6 DATE OF BIRTH (month, day, and year) 9/15/79

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER John J. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Catherine Brennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant (Address) Clifton H. Reese 1534 Riverside ave

15 [illegible] 16 Huntington Williams M.D. Registrar

5-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/3/33

17

I HEREBY CERTIFY, That I attended deceased from 8/1, 1933, to 9/3, 1933

that I last saw h-er alive on 9/3, 1933

and that death occurred, on the date stated above, at 11 30 2 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos., ... ds.

CONTRIBUTORY (Secondary) ... Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) Alpha H. Griswold M. D.

..... 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Sept. 6 1933

20 UNDERTAKER Margaret D. Flynn ADDRESS 1422 Light

M. D. B. 1268-9

93380 ✓ E 93380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 Maryland Ave. St. 17-01 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clara E. Mehlgarten,

(a) Residence: No. 2517 Maryland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) June 23, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	2	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME Charles Mehlgarten,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Alvina Vogell,

16. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

17. INFORMANT Miss Lillie Mehlgarten
(Address) 2517 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date SEP 7 1933

19. UNDERTAKER Geo W Lutz
(Address) 2700 Maryland Ave

20. FILED SEP 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	[illegible]

Other contributory causes of importance:

[illegible]	[illegible]

Name of operation [illegible] Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9 E 93381 ✓ E 93381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 E. 33rd St. 9-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME David Henry Gough

(a) Residence: No. 709 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Gough

6. DATE OF BIRTH (month, day, year) Oct 26/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Brokers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Gough

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Sullers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ross Collier
(Address) 709 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Mausoleum Date Sept 6, 1933

19. UNDERTAKER E. LeRoy Gobbler Inc.
(Address) 129 E. Preston St.

Huntington Williams M.D.
Registrar

20. FILED 9-5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 3/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated about 6 A.M.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury ..., 19 ...

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Kitchen Gas Range

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Gaines, M. D.
Coroner

(Address) ...

AaCo. 5-11 2M

E 93382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93382

CERTIFICATE OF DEATH

122-001

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen'l Hospital (Ward)

Length of residence in city or town where death occurred 0 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mandy E. Mettam (Amanda Ellen)

(a) Residence: No. 3405 Dupont Ave. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Mettam

6. DATE OF BIRTH (month, day, year) Aug. 23, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	50		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) April, 193x

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER FATHER

13. NAME Henry C. Hildt

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hannah Hutchins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Samuel F. Mettam
(Address) 3405 Dupont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Ridge Date 9/8 19 33

19. UNDERTAKER Harry H. Knibbe
(Address) 4101 E. Monument Ave

Harry H. Knibbe, Jr.

SEP 6 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933, to Sept. 5, 1933

I last saw he alive on Sept. 5 1933 death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
11. Lung abscess, Pneumonia preceding it	6-22-33
Pyemia	7-33
Other contributory causes of importance: Inguinal Hernia	

Name of operation Thoracotomy & Date of operation 7-6-33

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Cleveland, M. D.
(Address) 20 E. Balto. St.

M. D. B. File No. E 93383 Henry Wendell Holden E 93383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 28-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME [illegible]

(a) Residence: No. [illegible] St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	72	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date ... 19...

19. UNDERTAKER Harris H. Nitzke
(Address)

[illegible] 19... [illegible] Registrar.

SEP 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1933, to Sept. 3, 1933

I last saw him alive on Sept. 3, 1933. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis + myocardial weakness	8 mo
Other contributory causes of importance:	
Cardiac decompensation	2 mo.

Name of operation — Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M Bauman and Hood M. D.

(Address) 2216 Garrison Blvd.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co—250 Blks

E 93384

E 93384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2519 Huron St (Mt Winans) (WARD) 7

2. FULL NAME James H. Galloway

(a) RESIDENCE No. 2519 Huron (St.) ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced — HUSBAND of (or) WIFE of: Caroline Galloway

6 DATE OF BIRTH (month, day, and year): Oct 31 1879

7 AGE: Years 54 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer): Commission Merchants

(c) Name of employer: Robert Ackley Balto. Md.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Galloway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary Baptiste

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Caroline Galloway 2519 Huron St

15 Filed SEP 6 - 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 2 33

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933, to Sept 2, 1933, that I last saw h[illegible] alive on Sept 2, 1933, and that death occurred, on the date stated above, at 4.35A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles T. Woodland M. D.

Sept 1933 (Address) 811 Harlem Ave.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem. | DATE OF BURIAL: Sept 6 1933

20 UNDERTAKER: Joseph A Levely ADDRESS: 4049 Monday

TION is very important. See instructions on back of certificate.

M. D. B. 1268

E 93385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93385

CERTIFICATE OF DEATH

93-004

Registered No. 5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 109 Aisquith St (Salvation Army) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Brannon

(a) Residence: No. 109 Aisquith St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of Mollie
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) W

MOTHER

15. MAIDEN NAME W

16. BIRTHPLACE (city or town) (State or country) W

17. INFORMANT I. F. McCully
(Address) 130 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept. 6, 1933

19. UNDERTAKER A. Frew McCully
(Address) 130 E Fat Ave.
Huntington Williamsport, N.Y.

20. FILED ..... 19 ..... SEP 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep3/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..... to ....., 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Probably Myocardial Insufficiency	
Undetermined	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 5086 Front Ave

M. B. B 1200

E 93386 E 93386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital 27-01 131 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Cornelia Sobel

(a) Residence: No. 519 Bellona Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Isaac Sobel

6. DATE OF BIRTH (month, day, year) Sept 26 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12 yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Australia

FATHER

13. NAME Godfrey Sobel

14. BIRTHPLACE (city or town) (State or country) Australia

MOTHER

15. MAIDEN NAME Hirtson ?

16. BIRTHPLACE (city or town) (State or country) Australia

17. INFORMANT Edward Sobel
(Address) 407 Lyman Ave Forest

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 7 19 33

19. UNDERTAKER Henry W. Jenkins & Co
(Address) Cremation Specialists

20. FILED SEP 6 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1933 to 9-4 1933
I last saw him alive on 9-4 1933 Death is said to have occurred on the date stated above, at 6 50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease.	Aug, 1933
Other contributory causes of importance: Chronic Passive Congestion of Lungs.	8/17/33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R. Shaw Jr M. D.
(Address) Md Gen Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible] E 93387 E 93387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-001

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Monroe St. 15 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Miller

(a) Residence: No. 1822 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Miller

6. DATE OF BIRTH (month, day, year) Mar 21/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	11	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

FATHER

13. NAME Christopher Heidmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ???? Tate

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H. Miller, Jr.
(Address) 1818 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Sept. 6. 19[illegible]

19. UNDERTAKER Martin Fisher & Sons
(Address) 1827 W. Baltimore

[illegible] 1933 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 4/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: Shock- Fracture of Rt Femur	Sep 2/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury Sep 2/33

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Slipped & fell in bath room.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 505 E Monument

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93388 — 93-E 93388

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 E. Franklin St. St. 70-91 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~yrs.~~ LIFE mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Baldwin

(a) Residence: No. 1821 E. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of late Leroy E. Baldwin.

6. DATE OF BIRTH (month, day, year) Feb. 14th. 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	89	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME James Hamilton

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary Hardy.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Ada Baldwin
(Address) 1821 E. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 7th 19 33

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Rollins st.

20. FILED Sept 8 Huntington Williams, M.D.

EPB-1922

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 . 1933

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1933 to Sept 5, 1933

I last saw h[illegible] alive on Sept 4 1933 & death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
(One year ago)

Date of onset

Other contributory causes of importance:

Pneumonia
(Secondary)

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Evans M. D.
(Address) 612 N 40 St

M. D. B. 1268-9

Emma McLaughlin

E 93389 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93389

50 V

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1067 N. Stricker St., 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma McLaughlin

(a) Residence: No. 1067 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 090

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia U. S.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT Rev. M. Jones
(Address) 210 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurenburg N.C. Date 7/6 1923

19. UNDERTAKER Samuel T. Hensley
(Address) 578 N. Fredrick St.

20. FILED 7/7 1923 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7 1923

22. I HEREBY CERTIFY, That I attended deceased from 6/27 1923 to 7/7 1923
I last saw h[illegible] alive on 6/30 1923 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset
Uremia
Coma
Heart Failure

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Hall M. D.

(Address) 522 Mosher Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93390

CERTIFICATE OF DEATH.

126 E 93390

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp. St 19-01 WARD)

2-FULL NAME Mrs. Margaret Stricker

(a) RESIDENCE NO. 1719- LEMON Lemmon St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 10 mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Stricker

6 DATE OF BIRTH (month, day, and year) Nov 3-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Henry Dowed
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Lena Stagg
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Joseph Stricker
(Address) 1719 Lemon St

15 Filed 19 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/4/33

17
I HEREBY CERTIFY, That I attended deceased from 8/24, 1933, to 9/4, 1933
that I last saw h alive on 9/4, 1933
and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
Post Operative Shock.
Chronic Cholecystitis & Cholelithiasis
(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 8/18/33
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) Alvin H. Crowther M. D.
19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Sept 6 1933
DATE OF BURIAL 19
UNDERTAKER: F. J. Wagner & Son ADDRESS 1300 Eutaw Pl.

EPC 1934 Institution Wife
EKE

TION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93391

CERTIFICATE OF DEATH

E 93391

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clement Morton Davis

(a) Residence: No. Rolling Road-Relay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. Davis

6. DATE OF BIRTH (month, day, year) July 5 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Martha's Vineyard (State or country) (Mass)

FATHER

13. NAME William Davis

14. BIRTHPLACE (city or town) Martha's Vineyard (State or country)

MOTHER

15. MAIDEN NAME Mary A. Chase

16. BIRTHPLACE (city or town) Nantucket (State or country) Massachusetts

17. INFORMANT Mrs. A. Applegarth (Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL Date Sept 7 1933

Place Leadenhall Cemetery

19. UNDERTAKER Wm Tuckerman & Son (Address) Relay Md.

20. Filed Sept 6 1933 Registrar

EP6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 , to , 19

I last saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at in

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Accident Date of injury 9/4, 1933

Where did injury occur? Washington Blvd & Selma Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury collided with another.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny, Coroner, M. D.

(Address) 2700 E Madison St

M. D. B. 1268-0

E 93392 HEALTH DEPARTMENT—CITY OF BALTIMORE 93392

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 7-01 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Watkins

(a) Residence: No. 1033 Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Watkins (Dead)

6. DATE OF BIRTH (month, day, year) March 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Caleb Watkins

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Liza Diggs

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cemetery Date Sept 6 1933

19. UNDERTAKER Robert McElhaney & Sons (Address) 1525 McCulloh St Huntington Woodlawn Co

Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to Sept 2 1933

I last saw h.. alive on Sept 2 1933 Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach — Date of onset ?
Arteriosclerotic heart disease — Terminal
Coronary thrombosis

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) T. P. Magill M. D.

(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—12-9-25—A Co.—200 Bks.

E 93393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93393

82-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Little Sisters of Poor

City of BALTIMORE: (No. 1200 Valley St. 10-01 Ward)

2-FULL NAME William L. Marshall

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Agnes Delany

6 DATE OF BIRTH (month, day, and year) 24 Dec. 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER William Marshall

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Fannie Caldwell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Sister Stanislaus, Sup.

(Address) The Sisters of the Poor-1200 Valley St.

Filed Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 Sept. 1933

Sept 6/33

17 I HEREBY CERTIFY, That I attended deceased from This case has been under observation by Dr Parker for some time & Dr Lowthorp after having work

that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 2:10 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Albert L. Levy, M. D.

, 19 (Address) 742 S. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial 9/8 1933

20 UNDERTAKER J. M. Cook ADDRESS 1217 E. Oliver St

EPC-1933

Spec.—9-30—A. & Co.—250 Bks.

✓ E 93394

93394

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp. St. 20-01 WARD)

2 FULL NAME Sister Fabius (Miss Margaret Dwyer)

(a) RESIDENCE NO. 2000 N. Baltimore ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/5/66

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sister of 065
(b) General nature of industry, business, or establishment in which employed (or employer) Bon Secours
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address) Hospital Records

15 Filed ..... 19 ..... Registrar

C-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/5/33

17
I HEREBY CERTIFY, That I attended deceased from 8/7, 1933, to 9/5, 1933
that I last saw her alive on 9/5, 1933
and that death occurred, on the date stated above, at 6 00 a m

The CAUSE OF DEATH* was as follows:
Coronary Embolism
Post Operative Shock.
Chronic Myocarditis.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fibroma of Breast.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes no Date of 8, 17, 33
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Aloha H. Crowther M. D.
19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Sept. 7 1933

20 UNDERTAKER Georgia Farley ADDRESS 800 W. Fayette St

TION is very important. See instructions on back of certificate.

AACo. 5-31 650B

E 93395 Maurice Sheehan ✓ E 93395

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 16-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Maurice Sheehan

(a) Residence: No. 3430 Philadelphia Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Mrs. Mary H. Sheehan

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs or ... min.
49			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER
13. NAME Maurice Sheehan
14. BIRTHPLACE (city or town) Ireland.
(State or country)

MOTHER
15. MAIDEN NAME Ellen Casey
16. BIRTHPLACE (city or town) St. Nor Kwin
(State or country)

17. INFORMANT Mrs. M. F. Sheehan
(Address) 3430 Philadelphia Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cashedral Date 9/8/33 19...

19. UNDERTAKER J. J. Bagley & Sons
(Address) 1318 Light St.

20. FILED SEP 8 1933 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5- , 1933

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1933 to September 5, 1933
I last saw h[illegible] alive on September 5 1933 death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Intestinal adhesions (peri-duodenal)	?
2. Intestinal obstruction (chr)	?
Other contributory causes of importance:	
1. Inguinal adenitis (non-specific)	?
2. Pyaemia - terminal	?

Name of operation None Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

✓ E 93396

93396

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Clinton St. St., 26 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Kate Wagner.

(a) Residence: No. 311 S. Clinton St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred Wagner.

6. DATE OF BIRTH (month, day, year) Jan. 1855.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House-Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary McGinty.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Delia Benton (Sister)
(Address) 311 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathederal Date Sept. 7 19 33

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 E. Wolfe St.

20. FILED Sept 8 1933 Huntington Williams N.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1933, to Sept 4 1933

I last saw her alive on Sept 4 1933. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiatis;	1920
Bronchopneumonia	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward J. Beachman M. D.

(Address) 3502 Fait Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93397

HEALTH DEPARTMENT—CITY OF BALTIMORE

93397

CERTIFICATE OF DEATH

47

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hosp. St., 21-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Benson

(a) Residence: No. 820 W Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Benson (Dead)

6. DATE OF BIRTH (month, day, year) Oct. 6, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Joseph Benson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Jane McCoy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Sept 8, 1933

19. UNDERTAKER Judd & Wolf

(Address) 1201 W Fayette Huntington West Virginia

6 SEP 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933 to Sept. 5, 1933

Last saw him alive on Sept. 5, 1933 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Left)	?
Pulmonary oedema	2 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Magill, M. D.

(Address) Balt City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

93398 E 93398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. (If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Hannah E. Carter

(a) Residence: No. 6122 Belair Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Welford Carter

6. DATE OF BIRTH (month, day, year) Feb. 3rd 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bartley Maryland

FATHER

13. NAME James Thomas Stevens

14. BIRTHPLACE (city or town) (State or country) Barclay Maryland

MOTHER

15. MAIDEN NAME Elizabeth C. Walker

16. BIRTHPLACE (city or town) (State or country) Barclay Maryland

17. INFORMANT W. Welford Carter

(Address) 6122 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Church Hill Cemetery Date Sept. 7th 1933

19. UNDERTAKER Frederick Lassahn & Sons

(Address) 7401 Belair Road

Huntington Williams, M.D.
Registrar.

SEP 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-31 1933 to 9-6 1933

I last saw her alive on 9-6- 1933 death is said to have occurred on the date stated above, at 2 25/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis.	8-31-33
Arteriosclerosis	?
Arteriosclerotic Cardio-Vascular disease	?
Other contributory causes of importance: Myocardial Failure	9-5-33

Name of operation Appendectomy Date of 8-31-33

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93399 V E 93399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1.08

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dumas St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Warner Russell Hurd

(a) Residence: No. 542 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	months		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... of

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hurd

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Williams

(Address) 542 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date 9-7 19 33

19. UNDERTAKER Edgar N. Gutman

(Address) 1330 Eutaw Pl

9-6 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-23 1933 to 9-6 1933

I last saw h alive on 9-6 1933. Death is said to have occurred on the date stated above, at 4:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Meningitis	9-1-33

Other contributory causes of importance:

Lobar Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B T Harris M. D.

(Address) Provident Hospital

STATE CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

✓ E 93400

93400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Duncan St., 6-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 2 yrs. ..... mos. ..... ds.

2. FULL NAME John Dornicak

(a) Residence: No. 417 N. Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Dornicak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Theresa Ptacek

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Theresa Dornicak
(Address) 417 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 7 1933

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

20. FILED 6 SEP 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1933 to Sept. 3, 1933
I last saw him alive on Sept. 3, 1933 Death is said to have occurred on the date stated above, at 10 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Indefinite	
Other contributory causes of importance:	
Exhaustion	9/1/33

Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Campbell M. D.
9/4/33 (Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms. So that it may be properly classified, OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-3

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✓ E 93401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 76

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin H. Baylor

(a) Residence: No. Kingsport St., Texas Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Oct. 1-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 76	— 11	— 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 045

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Bristol Tenn. Sept 6, 1933

19. UNDERTAKER John O Mitchell & Son

(Address) 1221 Eastern Place Huntington W. Va.

20. Sept 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1933 to 9-6-, 1933.

I last saw h[illegible] alive on 9-6-1933. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia, staphylococcal	8/24/33
Meningitis, staphylococcal	later

Other contributory causes of importance:

Psoas abscess, left, staphylococcus ?

Name of operation none Date of .....

What test confirmed diagnosis? cultures Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Hugh J. Jewett M. D.

(Address) John Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

C 3

C - 1933

M. D. B. 1268

E 93402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93402

CERTIFICATE OF DEATH

XV 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nina Hinton

(a) Residence: No. 421 - 6 - N. W. St., ... Ward. Washington, D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Bean + Cigar +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D C Date 9/7 1933

19. UNDERTAKER Jno H. Sanders + Co

(Address) 420 H. N.W. Wash. D.C.

20. FILED 19 ..... Registrar.

SEP 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6. 1933

22. I HEREBY CERTIFY, That I attended deceased from September 1. 1933 to September 6. 1933

I last saw her alive on September 6. 1933. Death is said to have occurred on the date stated above, at 11:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine fibroid	1926 ?
Cystic ovaries	
Other contributory causes of importance:	
Post operative lobar pneumonia	9-3-33
Bilateral supra vaginal hysterectomy	9-2-33

Name of operation Bilateral supra vaginal hysterectomy Date of operation 9-2-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify how .....

(Signed) J. Due Moore M. D.

(Address) Franklin Square Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B E 93403 E 93403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 15-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Malinda Wilson

(a) Residence: No. 1320 Pennsylvania Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Wilson

6. DATE OF BIRTH (month, day, year) June 16, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ S W	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mecklenburg Virginia

FATHER

13. NAME John Morse
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha J. Hudgins
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Clarence Morse
(Address) 148 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn (Cem.) Date Sept 7 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman st.

SEP 7 - 1933 Hunting for Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1933 to September 3, 1933
I last saw her alive on September 3, 1933 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pellagra	?
2. Chronic ulcerative colitis	?

Other contributory causes of importance:

1. Stomatitis - non specific
2. Rectal stricture
3. Chronic nephritis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Wasmuller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

E 93404

Mason

E 93404

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

115 002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Woodyear ST. 15-11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Mason

(Residence in Baltimore: No. 1319 Woodyear St.; 55 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug 11, 1885 (Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. 25 da.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Odd

9-BIRTHPLACE, (State or Country). Balto md

PARENTS.

10-NAME OF FATHER. Emanuel mason

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Alice A. Beadle

13-BIRTHPLACE OF MOTHER (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice A. Beadle

(Address) 1319 Woodyear St

15-

Filed ..... 193.. Registrar.

SEP 7 - 1933

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 5th, 1933 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28th 1933 to Sept 5th 1933, that I saw him alive on Sept 5th 1933, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Pulmonary Tuberculosis (Duration) 5 yrs. 8 mos. 8 da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 2 mos. da.

(Signed) Geo. H. Lauenbach M. D.

Sept. 5, 1933 (Address) 225 N. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL. Sept 7, 1933

20-UNDERTAKER Thomas G. Kelson

ADDRESS 1303 Preston St

Important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93405

CERTIFICATE OF DEATH

82 E 93405

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Druid Hill St., 14-01 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah A. Lewis

(a) Residence: No. 1534 Druid Hill St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. S.

6. DATE OF BIRTH (month, day, year) Aug 16-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	X	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Augusta Chisell
(Address) 1534 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 9/7/33

19. UNDERTAKER Mrs. Grace E. Robinson
(Address) 1534 Druid Hill Ave

20. FILED 9-7-1933, 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1933 to 9/6, 1933

I last saw her alive on 9/6, 1933 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Paralysis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Burkett, M. D.

(Address) 2134 W. Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93406

CERTIFICATE OF DEATH

V 129 E 93406

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hospital Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Cooper

(a) Residence: No. 310 N. Mount St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Cooper

6. DATE OF BIRTH (month, day, year) Oct. 28 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W. 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bucks Co. Pa.

FATHER

13. NAME Marshall Tilley

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mollie Freeman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Calvary Date 9/9/33 19

19. UNDERTAKER Mrs. George H. Holland
(Address) 1618 Druid Hill Ave

SEP 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/1 , 1933 to 9/6 , 1933

I last saw him alive on 9/6 , 1933 Death is said to have occurred on the date stated above, at 2:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	5 days
Etiology Unk	
Other contributory causes of importance: Bronchopneumonia	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. R. Bowen , M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

E 93407

E 93407

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

276310

CERTIFICATE OF DEATH

✓ 23

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Watson

(a) Residence: No. 1004 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/13/31

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	22	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Watson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Pearl Bazemore

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 7-33

19. UNDERTAKER Thomas Kilgallon
(Address) 1008 Eutaw Place

20. FILED 7-1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-29-, 1933 to 9-6-, 1933

I last saw him alive on 9-6-, 1933 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - miliary	—
" - pulmonary	—
Tuberculous meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? L. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Lanahan, Jr. M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

V S

M. D. P. 1268 E 93408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93408

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2515 N. Calvert St. 17-41 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth* ... yrs. ... mos. ... ds.

2. FULL NAME Jerome Swart

(a) Residence: No. 2515 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single
6. DATE OF BIRTH (month, day, year): Sept 10 - 1852
7. AGE: Years 80 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mariner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 086
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Simon D Swart
14. BIRTHPLACE (city or country): New York

MOTHER
15. MAIDEN NAME: Martha Maslin
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Evelyn S Robey 2515 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date Sept 7 1933

19. UNDERTAKER (Address): Williams Cork 1217 St Paul St
Huntington Ave Station

20. FILED SEP 7 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1933 to Sept 5 1933

I last saw h/m alive on Sept 5 1933 Death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: Cerebral Arterio Sclerosis

Date of onset 9/4/33

Name of operation: none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugo E Hamm M. D.
(Address) 705 N. Milton Ave

Blank CAUSE OF DEATH must be filled in. See instructions on back of certificate. OCCUPATION is very important.

S. 3

M. D. P. 1268-9

E 93409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93409

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2940 Guilford Ave Ward)

Length of residence in city or town where death occurred 2½ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Waldkoenig

(a) Residence: No. 2940 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced HUSBAND of (~~WIFE of~~) Amelia G.

6. DATE OF BIRTH (month, day, year) Sept 21-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 017

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian Waldkoenig

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Louise Gunsalus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia G Waldkoenig

(Address) 2940 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 9/8 19 33

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

CERTIFIED ... (Signature) ...

SEPT - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1933

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from June 12 1929 to Sept 5 1933.

I last saw ~~him~~ alive on Sept 4 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	6/1927
Chronic myocarditis	
Other contributory causes of importance: Cerebral Hemorrhage	9/4/33

Name of operation None Date of ...

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Feibel M. D.

(Address) 1224 E Hanover St

C4.3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-5 E 93410 E 93410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Bonaparte St. Ward) 9-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma R Booze

(a) Residence: No. 1206 Bonaparte St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of James H Booze

6. DATE OF BIRTH (month, day, year) Dec 22 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James W Davidson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eugenia Knight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ethel E Davidson

(Address) 1206 Bonaparte St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 8, 1933

19. UNDERTAKER Wellman Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

SEP 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2 1933 to Sept. 6th 1933

I last saw her alive on Sept 6th 1933. Death is said to have occurred on the date stated above, at 10-30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmatro Bogr.	
Other contributory causes of importance: Summer Diarrhea.	6/6 33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos H. Magruder M. D.

(Address) 14 East Read St.

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93411

CERTIFICATE OF DEATH

E 93411

127-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2133 Penna Ave St., 13-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Jim Dare

(a) Residence: No. 2133 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	yellow	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chinese Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 486

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John F. Denny

(Address) Light & Montgomery Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Sept 7, 1933

19. UNDERTAKER John F Denny

(Address) 715 Light St

SEP 7 - 1933 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	

Other contributory causes of importance:

Strangulated Rt Inguinal Hernia 4 d

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 708 Ernst

M. D. H. 1268-9

E 93412 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93412

13-002

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 22-601 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose M. Longo

(a) Residence: No. 52 E. Hill St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Longo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Marsiglia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Longo
(Address) 52 E. Hill St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Date Sept 8, 1933

19. UNDERTAKER John F. Dennis
(Address) 715 Light St

Huntington Place Registrar

20. FILED SEP 7 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 5 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ... I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 5086 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93413 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93413

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Thirty third St.) (Ward) 13-ol

Length of residence in city or town where death occurred 63 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Maria Pike

(a) Residence: No. Temple Garden #303, Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Hebrew	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23 1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	63	0	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME S. Pike

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia Jacobson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Carrie Birkenmeyer
(Address) Temple Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cem. Date Sept. 7, 1933

19. UNDERTAKER Baird Sandheim & Lee
(Address) 1902 Eutaw Place

20. FILED Huntington Williams 1933 Registrar.

7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1933 to Sept. 6, 1933

I last saw him alive on Sept. 6, 1933 Death is said to have occurred on the date stated above, at 7.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	?
Other contributory causes of importance: Cyanosis	8-29-33

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Wm Primoff M. D.

(Address) Temple Gardens

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

93414

HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 93414

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Liberty Heights Ave.) Ward. 5th

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME May Ring Smith

(a) Residence: No. 2601 Liberty Heights Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Smith

6. DATE OF BIRTH (month, day, year) June 15, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Mrs. Ring

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Caroline Seigel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. G. Rosenour
(Address) 2601 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date Sept 8 1933

19. UNDERTAKER Wood Strathmeyer & Son
(Address) 1902 Eutaw Place

20. FILED SEP 7 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th 1933 to Sept. 6th 1933

I last saw h.W alive on Sept. 6th 1933 Death is said to have occurred on the date stated above, at 1.58 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	Sept 5 1933
Coronary Thrombosis	
Other contributory causes of importance:	
Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Wm. Primrose M. D.

(Address) Temple Gardens Apts.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 93415 E 93415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 30

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. ST. 9-01 WARD) (Healy)

2-FULL NAME Mrs. Nellie L. Healy

(a) RESIDENCE No. 2006 Cecil Ave. ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas J. Healy

6 DATE OF BIRTH (month, day, and year) 6/20/94

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	39	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Henry Crilley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md

12 MAIDEN NAME OF MOTHER Ida A. Cummings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Co. Md.

14 Informant Henry Crilley.
(Address) Long Green Md.

15 Filed SEP 7-1933 Registrar Huntington Publication, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/5/33

17

I HEREBY CERTIFY, That I attended deceased from 8/14, 1933, to 9/5, 1933

that I last saw h[illegible] alive on 9/5, 1933

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis (Tuberculous)
Multiple Carbuncles

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Carbuncles)

Did an operation precede death? yes. Date of 8/14/33

Was there an autopsy? yes - partial

What test confirmed diagnosis?

(Signed) Alpha H. Crowther M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Cem. Long Green Md — DATE OF BURIAL 9/8/33 19

20 UNDERTAKER George J. Ruth Inc — ADDRESS 1735 Harford

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 93416

93416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-01 Ward)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Charles F. Kaufman

(a) Residence: No. 2829 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Kaufman

6. DATE OF BIRTH (month, day, year) July 30-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	31	✓	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Kaufman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Kate Mannion

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Kaufman
(Address) 2824 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 9. 1933

19. UNDERTAKER Geo M. Fenick Son
(Address) 811 Argyle Ave

Registrar

SEP 7 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/2 . 1933 to 9/6 . 1933

I last saw h[illegible] alive on 9/6 . 1933 Death is said to have occurred on the date stated above, at 6:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hydrops of Gall Bladder.	8/29/33
Sub-acute appendicitis	"
Other contributory causes of importance:	
Uremia	9/5/33

Name of operation Exploratory Laparotomy & Cholecystectomy Date of 9/2/33

What test confirmed diagnosis? Surgical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify

(Signed) Jos D Bosman M. D.

(Address) University Hospital

V S 3

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

93417 ✓ E 93417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Normal Ave St., 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Messick

(a) Residence: No. 1710 Normal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexander Messick

6. DATE OF BIRTH (month, day, year) Oct.

7. AGE: Years 83 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Harrington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Mohr

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mollie Hopkins
(Address) 1710 Normal Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Sept 7: 1933

19. UNDERTAKER Geo M. Zentz Sons
(Address) 811 Druid Park Ave

20. SEP 7 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1933 to Sept 5, 1933, that I last saw her alive on Sept 5, 1933, and that death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis — Date of onset 4 yrs

Other contributory causes of importance:

Bronchopneumonia — 4 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Edward Lewis M. D.
(Address) 413 Washington

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93418

93-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 14-01 Ward)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Fitzpatrick.

(a) Residence: No. 1711 Lemon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 1, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	52	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore City Laborer. 640

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas J. Fitzpatrick.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Gallager.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Briscoe. (mother)
(Address) 1711 Lemon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Sept. 7, 1933

19. UNDERTAKER J. B. Shepherd & Son
(Address) 130 Eutaw Place.

20. [illegible] Huntington Ave. [illegible] M 917/88

SEP 7 - 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.

(Address) 1017 N. Charles St. Coroner

Spec.—9-30—A. & C. Co.—250

E 93419 Voelkel ✓ E 93419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1128 E Fortune ST 24th WARD)

2 FULL NAME Mrs Hattie Voelkel

(a) RESIDENCE NO 1128 E Fortune ST..... WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of August Voelkel

6 DATE OF BIRTH (month, day, and year) 3/6/1857

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	5	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Do Not Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Do Not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Voelkel
(Address) 1128 E. Fortune.

SEP 7 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5-33

17

I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933 to Sept. 5, 1933

that I last saw h[illegible] alive on Sept 5, 1933

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis 1 yr
Chronic Myocarditis 1 yr
Acute dilatation of Heart 1 day.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic Physical

(Signed) Thos J. Stevens M. D.

9/6, 1933 (Address) 2878 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — DATE OF BURIAL 9/8 1933

20 UNDERTAKER D. J. Tabor & Sons — ADDRESS 1318 Light St

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 93420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93420

34

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. 7-21 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Miller

(a) Residence: No. 5028 Reisterstown Rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	55 54	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Summerburn Pa

FATHER

13. NAME Wm Wesley Miller

14. BIRTHPLACE (city or town) (State or country) Summerburn Pa

MOTHER

15. MAIDEN NAME Martha J. Edwards

16. BIRTHPLACE (city or town) (State or country) Summerburn Pa

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Univ. of Md Date Sept 6 19 33

19. UNDERTAKER Department of Health. (Address)

9-7-1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 1933 to September 1 1933

I last saw him alive on September 1. 1933 Death is said to have occurred on the date stated above, at 10 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, syphilitic	?
Aneurysm of Aorta, syphilitic	?
Emphysema	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magill M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93421

✓ E 93421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Kroll.

(a) Residence: No. Essex St., Baltimore County Maryland Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Mrs. Lillian Kroll

6. DATE OF BIRTH (month, day, year) May 14, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	32	3	23 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Oscar Kroll S

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Linda Redlick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillian Kroll

(Address) Essex Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 8 . 1933

19. UNDERTAKER Chas S. Connelly

(Address) Essex Md

SEP 7 1933 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 . 1933 to Sept 5 . 1933

I last saw h.IM. alive on Sept. 5, . 1933 Death is said to have occurred on the date stated above, at 11.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (right lung)	Aug 31 '33
Pneumococcic septicemia	?
Other contributory causes of importance:	
Fibroid tuberculosis (left lung)	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) David K. Andrew . M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

93422 ✓ E 93422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital ST 18-01 WARD)

2 FULL NAME Lula Brill

(a) RESIDENCE NO. 926 W. Baltimore ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4-1922

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
11 yrs.	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

PARENTS

10 NAME OF FATHER Luther M Brill

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Va

12 MAIDEN NAME OF MOTHER Mary Brill ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va

14 Informant Mr Luther M Brill
(Address) 926 W Balto St

15 Huntington Williams, M.D. Registrar

7-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-6-33

17

I HEREBY CERTIFY, That I attended deceased from 9-2-33, 19..., to 9-6-33, 19...

that I last saw h[er] alive on 9-6-33, 19...

and that death occurred, on the date stated above, at 8 10 P M.

The CAUSE OF DEATH* was as follows:

Cellulitis of face
Septicemia (Staph Aureus)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Culture

(Signed) Robert W. Allison M. D.

, 19... (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem

DATE OF BURIAL: 9/9/ 19 33

20 UNDERTAKER: John J Howard & Son

ADDRESS: 901 Hollins St

CAUSE OF DEATH must be plainly written. Cannot be copied. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 93423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93423

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615-N-Mount ST., Ward 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mathilda Johnson

(a) RESIDENCE NO. 615-N-Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 6, 67

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robt. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucie Heard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Ida Fisher

(Address) 615 N. Mount St

Filed P 7-1933, Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1933

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to Sept 6, 1933, that I last saw h alive on Sept 5, 1933, and that death occurred, on the date stated above, at 4:10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. G. Johnson, M. D.

9-6-1933 (Address) 2329 Guilford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept 10 1933
20 UNDERTAKER	ADDRESS
Wm. H. Chase & Son	638 N. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly coded.
TION is very important. See instructions on back of certificates.

M. D. B. 1263-9

E 93424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Johnson 16-01

(a) Residence: No. 1325 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Jarrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alice Johnson
(Address) 1325 Mosher

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 7th 1933

19. UNDERTAKER Wm M Chisholm
(Address) 638 N Eutaw

20. FILED P 7-1933 H. Tipton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/2, 1933, to 9/7, 1933

I last saw her alive on 9/7, 1933 Death is said to have occurred on the date stated above, at 1:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho)	9/1/33
Pertussis	9/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Daniel E. Bogard, M. D.

(Address) Sydenham Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

(Ferguson) ✓ E 93425

93425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Catherine Ferguson 27-01

(a) Residence: No. 4025 Belleview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
(or) WIFE of Edward C. Ferguson

6. DATE OF BIRTH (month, day, year) 9-13-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at H
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Heuble
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward C Ferguson
(Address) 4025 Belleview Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 9/9 19 33

19. UNDERTAKER Leonard J Rush
(Address) 530 Washington Blvd Huntington Woods, Md

P 7 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1933 to September 7, 1933
I last saw her alive on September 7, 1933 death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of the colon	?
2. Intestinal obstruction	8-27-33
3. Peritonitis	9-4-33
4. Toxemia	8-27-33

Other contributory causes of importance:

Name of operation enterostomy Date of 9-3-33

What test confirmed diagnosis? Op Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J M Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—1-30—M. & T.—250 Blks

93426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93426

CERTIFICATE OF DEATH.

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Hamilton ST., 27-01 WARD)

2-FULL NAME Wm. Anthony Spooner

(a) RESIDENCE NO. 2700 Hamilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Cora Linthicum

6 DATE OF BIRTH (month, day, and year) Apr. 5, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4/	46	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Matthew Spooner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Mary Cools

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant sister.

(Address)

15 7-1933, 19 Huntington Wilmore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/33

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933, to Sept. 7, 1933, that I last saw him alive on Sept. 6, 1933, and that death occurred, on the date stated above, at 12:30 A.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Nigel Littray, M. D.

, 19 (Address) 1804 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 9/9 1933

20 UNDERTAKER Leonard J. Rudy

ADDRESS 5205 Harford Rd

TION is very important See instructions on back of certificates.

M. D. B. 1268-0

E 93427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2626 E. Oliver St. St., ... Ward) 8-01

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 33 yrs. ..... mos. ..... ds.

2. FULL NAME Marie S. Presti

(a) Residence: No. 2626 E. Oliver St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Anthony Presti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary T. Allen
(Address) 2622 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Sep't 9, 33

19. UNDERTAKER Leonard J. Rigby
(Address) 530 [illegible] Huntingtown Williams, N.J.

20. Filed SEP 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep't 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to Sept 6, 33

I last saw h[illegible] alive on Sept 6, 1933 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	May 1 33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William J. Power M. D.

(Address) 805 N. Kenwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93428

93428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Roland Ave St., Ward)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth 81 yrs. 4 mos. 6 ds.

2. FULL NAME Rosa Gale McMullen 27-01

(a) Residence: No. 200 E Oakdale Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. McMullen

6. DATE OF BIRTH (month, day, year) May-1-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland

FATHER

13. NAME John G. Blades

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Frances Gale

16. BIRTHPLACE (city or town) Balto. (State or country) Maryland

17. INFORMANT Louis B. McMullen (son)

(Address) 200 E Oakdale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 9, 1933

19. UNDERTAKER Stewart & Monroe

(Address) 1628 Park Ave

20. 1933 Huntington Delaware, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1933, to Sept 7, 1933.

I last saw her alive on Sept 7, 1933. Death is said to have occurred on the date stated above, at 4.30 m.

The principal cause of death and related causes of importance were as follows:

Cardiac decompensation — Date of onset Apl 1923

Other contributory causes of importance:

Myocardial insufficiency

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D. McCarty, M. D.

(Address) 37 W. Preston St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev 3

M. D. B. 1268-D

E 93429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93429

CERTIFICATE OF DEATH

V 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp Ward) 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wm R. Webb

(a) Residence: No. 411 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Catherine Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson cemetery Date Sept 6 & 1933

19. UNDERTAKER Edward Burton (Address) 1631 Orleans St.

19 Registrar.

FILED SEP 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19 1933 to Sept. 5 1933

I last saw him alive on Sept 5 1933 Death is said to have occurred on the date stated above, at 2.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic arthritis	1927 ?
Arteriosclerosis	
Bronchopneumonia	3 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagle M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-S E 93430

E 93430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-933

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 Somerset St., 5-ab (Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Aquilla

(a) Residence: No. 506 Somerset St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): 1848

7. AGE: 85 Years | Months ? | Days ? | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Co Md

FATHER

13. NAME: Daniel Aquilla

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Alice Hamburg

(Address) 506 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Cem Date 9/8 1933

19. UNDERTAKER: Samuel T Kemp

(Address) 528 N Bradford St

20. FILED SEP 8 1933, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1933 to Sept 4 1933.

I last saw him alive on Sept 4 1933. Death is said to have occurred on the date stated above, at 11:15 p m.

The principal cause of death and related causes of importance were as follows:

(a) Chronic Nephritis — Date of onset .....

Other contributory causes of importance:

Uremia — Date of onset .....

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jas P Allen M. D.

(Address) 50 Asquith St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 93431

E 93431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 Belair Rd St.) 21-A (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Emma Louise Feldner

(a) Residence: No. 4900 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Feldner

6. DATE OF BIRTH (month, day, year) Feb 2 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	29	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor 54

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Abram Feldner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Fleck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Genevieve Parrish
(Address) 4900 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date Sept 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED SEP 8 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1933 to Sept 6 1933

I last saw h... alive on Sept 6 1933 Death is said to have occurred on the date stated above, at 6:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Carcinoma	1929

Other contributory causes of importance:

Intestinal Obstruction

Operation None

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Howell S. Ellis M. D.

(Address) 2201 Linden Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1933-9 E 93432

E 93432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 777 W Pratt St. 21-001 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leon Gulkauskas

(a) Residence: No. 777 W. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lazima

6. DATE OF BIRTH (month, day, year) April 17-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. F. Gulkauskas

(Address) 645 Portland St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 8, 1933

19. UNDERTAKER John Grabiancke

(Address) 423 S. Paca St.

(20) FILED Sept 8 1933 Registrar.

SEP 8 - 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Poisoned by illuminating gas.	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 9/6, 1933

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place ... In home

Manner of injury Gas Leak in home

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

M. D. B. 1268-A E 93433

E 93433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5806 Park Heights Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred 87 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F. Seibold,

(a) Residence: No. 5806 Park Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Seibold.

6. DATE OF BIRTH (month, day, year) November 4. 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michel A. Seibold,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Miller,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Emma L. Seibold

(Address) 5806 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date SEP 9 1933 19

19. UNDERTAKER Geo. W. Sittle

(Address) 2700 Edmondson Ave.

20. FILED SEP 8 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th 1933 to Sep 7th 1933

I last saw h.. alive on Sep 7 1933 Death is said to have occurred on the date stated above, at 7.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Bubert M. D.

(Address) 3668 Laguna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 8-1933

M. D. B. 1268

E 93434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93434

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Hughes

(a) Residence: No. 4008 Clifton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, 16 hrs. or ... min.
16 hr.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mercy Hospital
(State or country) Baltimore, Md.

FATHER

13. NAME [illegible] Hughes

14. BIRTHPLACE (city or town) Chile, So. America
(State or country)

MOTHER

15. MAIDEN NAME Caroline Adams

16. BIRTHPLACE (city or town) Long Island
(State or country) N.Y.

17. INFORMANT Mother
(Address) 4008 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Universality of Md Date Sept 7, 1933

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

SEP 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 '33, 19..... to Sept. 6, 1933

I last saw her alive on Sept. 6, 1933 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	over

Other contributory causes of importance:

Atelectasis (pulmonary	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Warman M. D.

(Address) Mercy Hospital

Information should be given by person best qualified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 93435 Molnaur. 1 E 93435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-46

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 S. Ann St. 2-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 9 mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. da.

2. FULL NAME Ignatius Molnaur Trenton N J.

(a) Residence: No. 531 S. Ann St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Molnaur

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Molnaur (Address) 531 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL Place Trenton N.J. Date 9/8/33

19. UNDERTAKER John M. Webb (Address) 401 S. Charles St

20. FILED SEP 8 - 1933 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1933, to Sept 7, 1933

I last saw h.im alive on Sept 7, 1933. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows: Gastro-intestinal Carcinoma — Date of onset

Other contributory causes of importance: emaciation - cachexia

Name of operation..... Date of.....

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Pushkin, M. D.

(Address) 5101 Belmore Ave.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 93436

M. D. B. 12-30

E 93436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5600 Wexford Road St. 27-W Ward)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Amanda R. Duffy

(a) Residence: No. 5600 Wexford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Duffy

6. DATE OF BIRTH (month, day, year) July 17, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Benjamin T. Sedicum

14. BIRTHPLACE (city or town) (State or country) ------- Germany

MOTHER

15. MAIDEN NAME Ann R. Wade

16. BIRTHPLACE (city or town) (State or country) Balto. County Maryland

17. INFORMANT J. Irving Duffy

(Address) 5600 Wexford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 9/9 1933

19. UNDERTAKER Henry U. Mears and Son

(Address) 805 N. Calvert St.

20. FILED Huntington Williams, M.D.

SEP 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1933

22. I HEREBY CERTIFY, That I attended deceased from aug 15 1933 to Sept-6 1933

I last saw h-- alive on 9/6/33 1933 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1925
chronic nephritis	1920
carcinoma Hypertrophy	
mitis Hypertension	
	1933

Other contributory causes of importance: 9/1/33

Terminal Pneumonia 9/4/33

Name of operation ----- Date of -----

What test confirmed diagnosis? N.Y. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury ----- 19---

Where did injury occur? ----- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -----

Manner of injury -----

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John T. Mears M. D.

(Address) 804 Cathedral St

S 3

Information should be carefully compiled. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION is very important. See instructions on back of certificate.

E 93437 E 93437

S. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27c224 Q,d X V 13-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Moroz

(a) Residence: No. Box 271 St., Ward. Glendale Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 25 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Moroz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Potocki

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Christ Ev. Luth. Cem. Date Sept. 9. 1933

Place

19. UNDERTAKER Henry Sander & Sons Inc.

(Address) Baltimore St. & Broadway

Date

20. FILED Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 9-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-24-1933 to 9-6-1933

I last saw h. alive on 9-4-1933 Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery - Bacillary	—
Pneumonia - Bronchial	9-1-33

Other contributory causes of importance:

Paralytic Ileus

Name of operation None Date of —

What test confirmed diagnosis Stool Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

SEP 8 - 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93438 E 93438

CERTIFICATE OF DEATH 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. pronounced dead at Hopkins Hospital St 5-0 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George C. Mitchell

(a) Residence: No. 207 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Coldine Butler

(Address) 207 Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 9-8, 193[illegible]

19. UNDERTAKER Dennis Easton

(Address) 916 Ba ave

20. FILED [illegible] 1933 Washington Williams Reg. Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 2/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6.45 m P.M.

The principal cause of death and related causes of importance were as follows:

Probably Cardio- Vascular Disease — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Hoen, M. D. Coroner

(Address) 5056 York Rd

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93439

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 McCulloigh St., 11-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Smith

(a) Residence: No. 908 McCullough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Smith

6. DATE OF BIRTH (month, day, year): June 10/8887

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Matt Hayes

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Alma

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Maggie H. Neal
(Address) 247 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Cem. Date 9-8, 1933

19. UNDERTAKER: Dennis Feaser
(Address) 916 Ea ave

SEP 8 - 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sep 6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Cardiac (Mitral) Insufficiency	????
(History given)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. H. Vaughn M. D.
Coroner

(Address) 501 6 Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 93440

E 93440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174v

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harold E. Frazier

(a) Residence: No. 1710 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Frazier

6. DATE OF BIRTH (month, day, year) June 6/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME Wm. T Frazier

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Gertrude Frazier
(Address) 1710 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 10th 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennington Ave Huntington Station, N.Y.

DATE SEP 8 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at about 1 A.M.

The principal cause of death and related causes of importance were as follows:

Superficial Hemorrhage-
Incised Wound of Right Femoral Vessels

Date of onset

Other contributory causes of importance:

Name of operation Inquest held Sep 7/33 Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide injury 9/6/33 19
Where did injury occur? In street at Laurens & Fremont
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Pen knife was used.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. H. Hazen M. D.
Coroner
(Address) 508 E Mt Royal

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93441

E 9344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Grebes-

(a) Residence: No. 1116 E. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-17-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7 days-		1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Grebes

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Marie Heck-

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records-
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Sept 8 1933

19. UNDERTAKER Wm. J. Tyler & Mellor & Mc-
(Address) 208 N. Fulton Ave
Huntington Williams & Co

SEP 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1933 to Sept 7 1933

I last saw him alive on Sept 7 1933. Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	

over

Other contributory causes of importance:

Name of operation none Date of -

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John A. Lichtenberg M. D.

(Address) Johns Hopkins

E 93442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Ford.

(a) Residence: No. 3146 Keswick Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
	4	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Albert Ford.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Alice Little.

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Albert Ford
(Address) 3146 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Sept 9. 1933

19. UNDERTAKER Chenoweth & Sons
(Address) 3615 Chestnut Ave

Huntington Williams, M.D.

SEP 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 31 1933 to Sept 7 1933

I last saw him alive on Sept 7 1933. Death is said to have occurred on the date stated above, at 9:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition.	
Acute intestinal Disturbance	8/27
Other contributory causes of importance:	
Mastoiditis	9/4

Name of operation Mastoidectomy Date of 9/7

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) J. Roserbeg M.D.

(Address) Union Memorial Hospital

Information sought on this certificate is required in order to classify properly the statistics of the cause of death so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 93443

M. D. B. 1933-2

E 93443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Vincent St. St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin A. McMillan.

(a) Residence: No. 509 S. Vincent St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXX Carrie A. McMillan.

6. DATE OF BIRTH (month, day, year) November 7, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter. $50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John McMillan.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Carrie A. McMillan. (wife)
(Address) 509 S. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL Sept 9 1933
Place Mt Olivet Cemetery Date

19. UNDERTAKER Fielding Offutt Jr.
(Address) 1619 Harlington Highway, N.

20. SEP 8 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . Death is said I last saw h alive on . 19 to have occurred on the date stated above, at 12.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	
Other contributory causes of importance	

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed Wilbur Reinhardt Coroner . M. D.

9/8/33 (Address) 1017 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93444

CERTIFICATE OF DEATH

52 ✓

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals - Q1 St. ..... Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Kessler

(a) Residence: No. 730 So. Lakewood St., Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kessler

6. DATE OF BIRTH (month, day, year) June 22, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Ehrell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Hennessy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Daughter Eleanor Kessler

(Address) 738 So. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Sept 11 1933

19. UNDERTAKER Libby & Sulzer Inc

(Address) 708 W. Lexington St Baltimore Md

20. FILED SEP 8 - 1933 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/18/33 to 9/7/33 . 19 .....

I last saw her alive on 9/7/33 . 19 ..... Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	1 yr.
Arteriosclerosis, general	
Hypertension, secondary	

Other contributory causes of importance:

Myocardial failure

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Austin L. Cannon M. D.

(Address) Baltimore City Hospitals.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B E 93445 E 93445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Archer St. St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella R. Green. (C)

(a) Residence: No. 506 Archer St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXXX Edward Green. (C)

6. DATE OF BIRTH (month, day, year) November 26, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Handy Matthews. (C)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Theodore Green. (C) son.
(Address) 506 Archer St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Sept 10, 1933

19. UNDERTAKER Joseph A Lively
(Address) 1419 N Mount St

20. ISSUED SEP 1933, 19-- Registrar: F. H. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 2 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebray Apoplexy.	
Other contributory causes of importance:	

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] Coroner, M. D.

9/8/33 (Address) 1017 E. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be understood by the public. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1264 E 93446 (Kaiser) ✓ E 93446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 27-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth 76 yrs. mos. ds.

2. FULL NAME Max Kaiser

(a) Residence: No. 2503 Whitney ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David E. Kaiser

(Address) 2503 Whitney ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 9-8-33

19. UNDERTAKER Jack Levin Co

(Address) 1139 E. Baltimore St

Registered

P B-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1933 to Sept. 8, 1933

I last saw h[illegible] alive on Sept. 8, 1933. Death is said to have occurred on the date stated above, at 12:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage	9-4-33
Acute Ileus	9-4-33

Other contributory causes of importance:

Arteriosclerosis	1923 (?)
Acute and chronic nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Hollander M. D.

(Address) Sinai Hospital

Information should be carefully supplied. Age should be given in years, months, days, hours, or minutes, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ E 93447

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93447 2744 63 119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. ... St., 7-01 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Genevieve R Warfield
(a) Residence: No. Perryman St. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race Black
5. Single, Married, Widowed, or Divorced (write the word) —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) Unknown
7. AGE Years 1 Months 17½ Days 15 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... (0)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Chas Warfield
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Clara Williams
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jf Med College Date Sept 8 1933

19. UNDERTAKER
Address

20. FILED ... Huntington Williams, M.D.

P 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 1933 to Aug 27 1933
last saw h.er alive on Aug 27 1933 Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	Aug 18 '33
~~Acute Nutritional disturbance~~	
Dehydration	
acidosis	
~~Coma Lobare~~	
~~Pneumonia~~	

Other contributory causes of importance:
~~Pneumonia Lobar~~
~~Bronchial Pneumonia patchy~~
~~Edema~~

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Washington M. D.
(Address) Johns Hopkins Hosp

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93448

93448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-06 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Johnson

(a) Residence: No. Route 2 c/o Sparrows Point St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 22 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		0/1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Elijah Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bessie White

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med Coccume Date Sept 6 1933

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/22/33, 19 ..... to 8/23/33, 19 .....

I last saw him alive on 8/22/33, 19 ..... Death is said to have occurred on the date stated above, at 11 C m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	8/22/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Howell Taylor, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 8 - 1933

E 93449

27619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Fowlkes

(a) Residence: No. 1413 E Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-20-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Pearl Fowlkes

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Medical Colle Date Sept 8, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED SEP 8 1933 Huntington Wallace, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1933 to 8-26, 1933

I last saw her alive on 8-26, 1933 Death is said to have occurred on the date stated above, at 8:54 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Respiratory Pneumonia	8/26
Cong. Heart Typ + Cleft Lip	
Other contributory causes of importance: Prematurity	8/26

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A. Washington M. D.
(Address) Johns Hopkins

INFORMATION should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93450

E 93450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jerry Wood

(a) Residence: No. 1728 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wm Wood

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary Harvey

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Sept 8 . 1933

19. UNDERTAKER .....
(Address) .....

SEP 8 - 1933

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30 . 1933 to Aug 28 . 1933

I last saw he alive on Aug 25 . 1933 . Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema, acute	Aug 26
Dr. Pneumonitis	"
Dr. Flaming	"
Dr. Pentonitis	"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Blanchard Tilghman M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

93451 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 93451

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5500 Block Reistertown St., Road Ward) 28-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Forrest Frank

(a) Residence: No. 5520 Reistertown Roads* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April/ 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3. 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Milton Frank

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Katherine Hall

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Percy F. Chowning

(Address) 2506 Ellamont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 9/9/33 19

19. UNDERTAKER Jno. Wilson & Son

(Address) [illegible]

P8-1933

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at about 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

Data at onset

Probably Myocardial Insufficiency

Other contributory causes of importance:

Angina Pectoris (History of)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Pau M. D.
Coroner

(Address) 506 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93452

93452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Gordon

(a) Residence: No. 829 Forest St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Gordon

6. DATE OF BIRTH (month, day, year) June 18 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	86	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Basil W. Leary

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Chas Gordon
(Address) 1108 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept 11 th 1933

19. UNDERTAKER Chas F. Waud & Son
(Address) 1700 E. Royal Ave

Filed SEP 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/4 1926 to 9/8 1933

I last saw her alive on 9/8 1933 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset

Other contributory causes of importance:

senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G R Bourne M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

M V E 93453

HEALTH DEPARTMENT—CITY OF BALTIMORE

93453

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Schmidt

(a) Residence: No. 517 S Gallington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Celia Schmidt

6. DATE OF BIRTH (month, day, year) [illegible] 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lee Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Theodore Tribus
(Address) 517 S Gallington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 11th 1933

19. UNDERTAKER Wm Cook
(Address) 127 St Paul St

20. FILED SEP 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cerebral Hemorrhage~~	
Fractured Skull	
Automobile Accident	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Sept 6 1933
Where did injury occur? 2013 Fleet St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public
Manner of injury Struck by Auto
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R. Bernard Coroner, M. D.
(Address) 1315 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93454

93454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Ellen

(a) Residence: No. 305 S. Clinton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Ellen

6. DATE OF BIRTH (month, day, year) Feb 9 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Wk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert Ellen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ellen Mechan

(Address) 305 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 11th 1933

19. UNDERTAKER Wm Cook

(Address) 121 E Saint Paul St

20. FILED SEP 9 - 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased: from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Contusion of R hip due to accidental fall

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Sept 7 1933

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell in Yard

Manner of Injury Contusion of Hip

Nature of Injury Accidental Fall

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-a

93455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 93455

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Chesney

(a) Residence: No. 417 E 31st St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)			
Sept 16 1868			
7. AGE	64 Years	11 Months	23 Days 22

If LESS than 1 day, ... hrs. or ... min.

Residence

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 9-1-33
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel C Chesney
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Caroline F Stein
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Edith Townsend 417 E. 31st st

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept 11th 1933

19. UNDERTAKER (Address) Wm Cook 1217 E Fayette St

Registrar.

20. FILED SEP 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-2-, 1933, to 9-8-, 1933

I last saw her alive on 9-8-1933 Death is said to have occurred on the date stated above, at 11:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Other contributory causes of importanre: Pontogenathic	9-1-33

Name of operation Resection of Sacrum + application What test confirmed diagnosis? Op. Date of 9-6-33

23. If death was due to external causes (violenre) fill in also the following: Was there an autopsy? No

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Burkedge M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS: Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

✓ E 93456

93456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4806 Holden Ave St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma G. Horsfall

(a) Residence: No. 4806 Holden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Horsfall

6. DATE OF BIRTH (month, day, year): Sept 14. 1856

7. AGE: Years 76 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: David M. Fitchorne

11. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

15. MAIDEN NAME: Rebecca Green

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs. J. G. Smith 4806 Holden Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Parkwood Date: Sept 9th 1933

19. UNDERTAKER (Address): Wm Rock 1217 E Pratt St

Registered: 9/7/33

EP 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 9th 1933

22. I HEREBY CERTIFY, That I Attended deceased from Jan 16 1933 to Sept 7th 1933

I last saw h alive on Sept 6th 19 ..... Death is said to have occurred on the date stated above, at 12:30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1930

Other contributory causes of importance:

Myocardial insufficiency	July 33

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was illness or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Edward J. Geraghty M. D.

(Address) 1 W. Preston

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 93457

E 93457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 S. Kenwood Ave (Ward) 1-A

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abel A. Rose

(a) Residence: No. 814 S. Kenwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Margaret F. Rose

6. DATE OF BIRTH (month, day, year) Jan 8th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman 6 yrs

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) France

MOTHER

13. NAME Abel Rose

FATHER

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Margaret F. Rose

(Address) 814 S. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL:

Place Mt Carmel Date Sept 9th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams M.D. Registrar.

SEP 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug — 1933 to Sept 7th 1933.

I last saw h[illegible] alive on Sept 6th 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis (Mitral Regurgitation)	July 1932

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) R. L. Leonard M. D.

(Address) 5201 St. Paul St

INFORMATION: The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P 1263-0

✓ E 93458

93458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3924 Mt Pleasant Ave Ward) 46-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna E. Kahl

(a) Residence: No. 3924 Mt. Pleasant Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) May 30th 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 19	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas Kahl

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katherine Gunthas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thomas G. Kahl

(Address) 3924 Mt Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Samuel Date Sept 11th 1933

19. UNDERTAKER Wm Cook

(Address) 817 S. Fremont Ave

Huntington Maryland

19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1933 to Sept 8 1933

I last saw her alive on Sept 8 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	mos

Other contributory causes of importance:

Acute Myocarditis	9/6/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. P. B. Titlow M. D.

(Address) 315 S. Highland Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P9 - 1933

M. D. B. 1268-9

93459 ✓ E 93459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Stevens

(a) Residence: No. 940 Mason St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Stevens

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) George Stevens (Cousin) 1018 Eye St. Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL Place U.S. National Co. Date 9-9-, 1933

19. UNDERTAKER (Address) John M. Johnson 1200 Madison Ave.

EP9-1933

....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 4/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Injury- Depressed left frontal Fracture	9/4/3

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? acc Date of injury 9/4/33

Where did injury occur? 940 Mason (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Rolled out of bed thru open window

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) Jos. H. Oliver, M. D. Coroner

(Address) 508 E Lanvale

Information should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-0

✓ E 93460

93460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital (Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lilly Garrison

(a) Residence: No. Balto City Hospital, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vicles Garrison

6. DATE OF BIRTH (month, day, year) 3/16/1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse At Balto City Hospital

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME S A Shackleford

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Mabry

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Shappard

(Address) 5610 Greenhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 9th 1933

19. UNDERTAKER Leo F. Cook

(Address) 1723 N. Patterson Park Ave

20. FILED SEP 9 - 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1933 to 9/6 1933

I last saw h alive on 9/6 1933. Death is said to have occurred on the date stated above, at 9:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injected Wound - hand & forearm (rt)	March

Other contributory causes of importance:

Erysipelas from wound

Name of operation Incision & drainage Date of 8/10/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident, 19...

Where did injury occur? In Balto City Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Balto. City Hospital

Manner of injury Bitten by Patient

Nature of injury Wound Rt. hand.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Bourn M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93461 E 93461

CERTIFICATE OF DEATH

117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Harris

(a) Residence: No. 2131 McCullough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore E. Harris

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 870

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caferteria

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME M. Sanford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Theodore E. Harris
(Address) 2131 McCullough St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Sept 9th 1933

19. UNDERTAKER Chas. L. Gaddis
(Address) 2101 Pennsylvania Ave

Huntington, West Virginia

20. FILED SEP 9 1933
Date Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 6/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Probably Ruptured Gastric Ulcer	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. S. H. Eaton M. D.
(Attending Physician or Coroner)

(Address) 508 E. Preston

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93462

CERTIFICATE OF DEATH

131 E 93462

1. PLACE OF DEATH 2714 E. Madison St.

Registered No.

CITY OF BALTIMORE: (No. 2714 E. Madison St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frieda M. Kirchhoff

(a) Residence: No. 2714 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Henry Kirchhoff

6. DATE OF BIRTH (month, day, year) Nov. 23, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) at present | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry F. Poelzsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minna Muellich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul C. Poelzsch

(Address) Charlestown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 11, 1933

19. UNDERTAKER John Ellerict

(Address) 2008 Eutaw

20. FILED Sept 10 1933, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1933, to Sept 8, 1933

I last saw h.er alive on Sept 8, 1933. Death is said to have occurred on the date stated above, at 12:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	9/7/33
Left sided hemiplegia	9/7/33
Other **contributory causes** of importance:	
Chronic myocarditis hypertension, nephritis	1930

Name of operation Date of

What test confirmed diagnosis? Surgical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. C. Tobikel, M. D.

(Address) 447 N. Kenwood Ave

Information should be carefully supplied. Age should be stated in last birthday. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Binnix

E 93463

E 93463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hospitals) Ward. 20

Length of residence in city or town where death occurred 65 yrs. 7 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Burnett

(a) Residence: No. 2712 E. Modesta St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/26/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Burnett

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Hazlett

16. BIRTHPLACE (city or town) (State or country) Williamsport Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 1st 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED SEP 9 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/31 1933 to 9/8 1933
I last saw h[illegible] alive on 9/8 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate & Mets with Metastases Lungs & Spine	

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. R. Burnett, M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, with unfading ink. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 93464

93464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital St 15-01 WARD)

2-FULL NAME Elizabeth Capitola Price

(a) RESIDENCE NO. 2216 Rodgers Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Price

6 DATE OF BIRTH (month, day, and year) 2-8-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~77~~	77	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Zanesville, Ohio

PARENTS

10 NAME OF FATHER Steven P. Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlestown W. Va.

12 MAIDEN NAME OF MOTHER Jane Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Shawsburg Md.

14 Informant: Mrs. Grace P. Colvin (Address) 2219 Mt. Holly St.

15 [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-9-33

17

I HEREBY CERTIFY, That I attended deceased from 9-1-33, 19 , to 9-9-33, 19

that I last saw h alive on 9-9-33, 19

and that death occurred, on the date stated above, at 12 [illegible] a m.

The CAUSE OF DEATH* was as follows:

Intestional obstruction
Gangrene of Bowel
Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9-2-33

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Robert W. Allison M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL Sept 11 1933

20 UNDERTAKER Wm J Treakle & Son — ADDRESS North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

EP 9-1933

M. D. B. 1268-9

E 93465

E 93465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Chatham Rd St., 45-a1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Frank Guy Hartlove

(a) Residence: No. 4014 Chatham Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura F. Hartlove

6. DATE OF BIRTH (month, day, year) Apl 23 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	84	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wesley Hartlove

14. BIRTHPLACE (city or town) (State or country) Brety Md.

MOTHER

15. MAIDEN NAME Elizabeth Ivey

16. BIRTHPLACE (city or town) (State or country) Brety Md.

17. INFORMANT Mrs. Guy Hartlove

(Address) 4014 Chatham Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 9 1933

19. UNDERTAKER Thos J. Fickus & Sons

(Address) Govans P.O.

20. FILED SEP 9 1933 Huntington Ave. Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Sept 7 1933

I last saw him alive on Sept 6 1933 Death is said to have occurred on the date stated above, at 12.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Cardiac hypertrophy	1927
Chronic interstitial Nephritis	1927

Other contributory causes of importance:

Abscess of cervical glands	2 mo.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herbert F. Fleischmann M. D.

(Address) 6 East Biddle St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93466

E 93466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8/V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Lerch Drive St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha E Muhly.

(a) Residence: No. 3303 Lerch Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) DEC 24 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christian Muhly.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Bauer.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs F Henry Schmitt.

(Address) 3303 Lerch Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Date 9/0 1933

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

20. FILED 19 Registrar

9-1933 H Easton Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8th. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Sept 8 1933

I last saw ... alive on ..., 19... Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysimpmyelia	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Renal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyle V. Godley M. D.

(Address) 5703 Harford Rd

N. B.—WRITE PLAINLY, WITH INK. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 93467

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93467 C

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Williams

(a) Residence: No. 637 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	10 mos.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Williams

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Lily Adams

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Date Sept 9, 1933

19. UNDERTAKER Mrs. Katie R. Williams
3344 Gatewood Ave.
Huntington Terrace, Md.

20. FILED ..... Registrar.

P9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1933 to September 7, 1933

I last saw h.i.m. alive on Sept 7, 1933 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - broncho	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John D. Worthington M. D.

(Address) Johns Hopkins

V S 3

TYPE—WRITE PLAINLY with pen and ink. PHYSICIANS should have information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 93468

M. D. B. 1268-9

E 93468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Robinson St. St., 7-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Mary A. Butler

(a) Residence: No. 635 N. Robinson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dudly Butler

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camebridge Md.

FATHER

13. NAME Albet Marousek

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Marek

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anna Marousek
(Address) 635 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept. 11 1933

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933, to Sept 7, 1933
I last saw her alive on Sept 7, 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Unknown

Other contributory causes of importance:

General Metastasis	8/1/33

Name of operation Curettage Cervix Uterus Date of Aug 7/33

What test confirmed diagnosis? Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John A. Vella M. D.

(Address) 1936 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

P 9 - 1933

M. D. F. 1268-4 E 93469 E 93469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Poplar Grove St Ward) 15-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hermine A. Diers

(a) Residence: No. 1649 Poplar Grove St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of August Diers

6. DATE OF BIRTH (month, day, year) May 14th 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	4	244	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Helmerichs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Meta Schellstede

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Diers
(Address) 1649 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Sept 11th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

SEP 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4 yr. 33 to Sept 8 33

I last saw her alive on Sept 6 1933 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of Heart.	1930
Other contributory causes of importance:	
Edema Nephritis	1-9

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) W J Gary M. D.

(Address) 627 N. Arlington Ave

N. B.—WHITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E93470

B E 93470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., (Ward)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Joseph Kelch

(a) Residence: No. 3010 Frisby St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Kelch

6. DATE OF BIRTH (month, day, year) Jan. 2, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pet Dairy Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Richard Kelch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Duff

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth A Hoy
(Address) 3010 Frisby St

18. BURIAL, CREMATION, OR REMOVAL Green Mount Cem. Place New York N.Y. Date 9/10, 1933

19. UNDERTAKER Wm Cook & Son
(Address) 1514 Eutaw St

Registered 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 19 to 19

I last saw him alive on August, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Severe Hemorrhage
Burns of Body

Date of onset

Other contributory causes of importance:

Explosion of gasoline Flames

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/7, 1933

Where did injury occur? 3319 Fernwood Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto accident

Manner of injury Explosion of gasoline flames

Nature of injury while using in his duty.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F Geary M. D. Coroner

(Address) 2209 E Madison St

SEP 10 1933

M. D. H. 1268-9 E 93471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93471

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Reinhard St. 21-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Thomas

(a) Residence: No. 545 Reinhardt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced: Husband of Wm. C. Wm. Thomas

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Sally Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Blanche Mungo

(Address) 545 Reinhardt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Sept 10 1933

19. UNDERTAKER Walter B. Spence

(Address) 139 W. Hamilton St.

FILED SEP 12 1933 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933 to Sept. 8 1933

I last saw h[illegible] alive on Sept. 7 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor	
Disease Heart	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Mark E. Hanna M. D.

(Address) 627 Lafayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 12 1933

M. D. B. 1268-9 E 93472

E 93472

27592 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest G Williams

(a) Residence: No. 419 West St., Ward. Annapolis Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-3-63

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date Sept 10 1933

19. UNDERTAKER D L Hopkins
(Address) Annapolis Md

20. FILED SEP 12 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933 to Sept 10, 1933

I last saw him alive on Sept 10, 1933 Death is said to have occurred on the date stated above, at 5:47 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Streptococcus Pyaemia	9-2-33
Anemia	1-1-33

Other contributory causes of importance:

Vesical Hemorrhage	9-2-33

Name of operation Prostatic Resection Date of 8-31-33

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. W. Jewett M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1200 E 93473

E 93473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 Ramsay St. 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. Collins

(a) Residence: No. 1945 - Ramsay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Collins

6. DATE OF BIRTH (month, day, year) Mar. 22 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways Co

10. Date deceased last worked at this occupation (month and year) May 3/1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bertha L Tawley

(Address) 1945 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Date Sept 11 1933

19. UNDERTAKER Harry H Weyke

(Address) 4101 Edmondson Ave

Filed ... 19... Registrar

SEP 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3-rd 1933 to Sept 7- 1933

I last saw him alive on Sept 6th 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	several years
Other contributory causes of importance:	
Cerebral hemorrhage	9/4/33

Name of operation not any Date of —

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) O. P. Beyton M. D.

(Address) 301 E Cross St

N. B.—WRITE PLAINLY, WITH INK AND IN THE ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268 E 93474

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93474

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Provident Hospital 14-21

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Watkins

(a) Residence: No. 1402 Shields Alley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sadie Dawson

(Address) 532 Orkney

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Sept 11 33

19. UNDERTAKER James E. Wright

(Address) 700 N. Carrollton

FILED ..... 19..... Registrar.

SEP 10 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1933 to Sept 7, 1933

I last saw h.. alive on Sept 7, 1933 Death is said to have occurred on the date stated above, at 6:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchopneumonia	8/23
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, [illegible]

(Signed) J. Bradham Stiggins M. D.

(Address) Provident Hospital

M. D. B. 1268-9 E 93475

E 93475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 24 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME James J. Kane

(a) Residence: No. 1523 E. Clement St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Kane

6. DATE OF BIRTH (month, day, year) July 29, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Martin Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/11 1933

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

20. FILED ..... 19..... .....

Registrar.

SEP 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7 1933

22. I HEREBY CERTIFY, That I attended deceased from August 23 1933 to September 7 1933

I last saw him alive on Sept. 7 1933 Death is said to have occurred on the date stated above, at 8.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Emphysema	?
Myocarditis, Chronic	?
Uremia, Alcoholic	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. Pennell, M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK. THIS IS A LEGAL DOCUMENT. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53

A4Co. 5-31 250M E 93476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93476

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred In a hospital or Institution, give its NAME Instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth 22 5 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Katherine Kuczak

(a) Residence: No. 1820 Gough Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unk.

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Unk.
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Unk
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Kuczak
(Address) 1820 E Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 11 1933

19. UNDERTAKER J. W. Blanchard
(Address) 930 Eastern Ave

20. FILED SEP 10 1933 Huntington, West Virginia, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19 1933 to September 8 1933
I last saw her alive on September 8 1933 death is said to have occurred on the date stated above, at 1:15 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Diabetes mellitus	?
2) Anemia pernicia - general- ized.	
3) Gangrene (diabetic) of toes.	
Other contributory causes of importance:	
Cardiac failure.	

Name of operation ... Date of ...
What test confirmed diagnosis? autopsy Were an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Magruder, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 93477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93477

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME June Forrester

(a) Residence: No. 834 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest Forrester

6. DATE OF BIRTH (month, day, year) Dec 11 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME David Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ernest Forrester
(Address) 834 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Portsmouth Va Date 9/10/33 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 105 N Montgomery St
Funeral Director Norfolk, Va.
Registrar.

20. FILED SEP 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Apoplexy.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks. E 93478 ✓ E 93478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

REGISTERED NO. _____

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 E Fort Ave ST. 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wilda Schuler

(a) RESIDENCE NO. 616 E Fort Av ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 8 / 32

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Irvan Schuler

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mildred Wallbillich

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

11 Informant Irvan Schuler

(Address) 616 E Fort Ave

15 Filed SEP 10 1933, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9/33

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1933, to Sept 9, 1933, that I last saw h[illegible] alive on Sept 9, 1933, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

over

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Vomiting

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Paul Straus, M. D.

9/9, 1933 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem, DATE OF BURIAL Sept 11 1933

20 UNDERTAKER Chas L Stevens ADDRESS 1501 E Fort Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 B&L E 93479 ✓ E 93479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 821 N Payson St (ST.) 16-61 (WARD)

2-FULL NAME Horace J. Reed

(a) RESIDENCE NO. 821 N Payson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced. HUSBAND of (or) ~~WIFE~~ of: Mary C Reed

6 DATE OF BIRTH (month, day, and year): Sept 20 1873

7 AGE — Years: 59 — Months: 11 — Days: 19 — If LESS than 1 day, hrs. or min.: ...

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: Penn R R

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Henry Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Penna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant (Address): Mrs Mary C Reed 821 N. Payson St

15 Filed SEP 19 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 18 1933

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Sept 18, 1933, that I last saw him alive on Sept 18, 1933, and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) — yrs. 1 mos. 23 ds.

CONTRIBUTORY (Secondary): Aortic Heart Disease

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No Clinical

What test confirmed diagnosis? ...

(Signed) MacNeill M. D.

9/9, 1933 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [redacted] Cathedral

DATE OF BURIAL: 9/16 1933

20 UNDERTAKER: H C Jenning & Son

ADDRESS: 1456 Poplar Grove St

M. D. H. 1270

E 93480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93480

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 539 Dolphin St., 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Ella Archer

(a) Residence: No. 539 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Powatan Co., Va

FATHER

13. NAME Jessie Royal

14. BIRTHPLACE (city or town) (State or country) Powatan Co., Va

MOTHER

15. MAIDEN NAME Ellen Clarke

16. BIRTHPLACE (city or town) (State or country) Powatan Co., Va

17. INFORMANT Daniel H. Clarke (son)
(Address) New York City

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 9/11/33 19

19. UNDERTAKER Wm. Geo. F. Kolb & Sons Funeral Directors
(Address) [illegible]

[illegible] 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 8/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above before 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardio-Vascular Disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. Gaster M. D.
Coroner
(Address) 508 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93481

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Celestine

(a) Residence: No. 1017 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas.

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseg 071

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT John Celestine
(Address) 1205 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 9/10 1933

19. UNDERTAKER Mrs. George A. Holland
(Address) 1615 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

SEP 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-6 1933 to 9-8 1933

I last saw h[illegible] alive on 9-8 1933. Death is said to have occurred on the date stated above, at 1:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-6
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. Harris M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93482

E 93482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4558 Edmondson Ave 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth 79 yrs. 0 mos. 25 ds.

2. FULL NAME Victoire de la Vincendiere Stubbs

(a) Residence: No. 4558 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Col. John M. Stubbs

6. DATE OF BIRTH (month, day, year) August 14 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Enoch L. Lowe

14. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

MOTHER

15. MAIDEN NAME Esther W. Polk

16. BIRTHPLACE (city or town) (State or country) Queen Annes, Somerset Co. Md.

17. INFORMANT Miss Mary Adelaide Larkin niece

(Address) 4558 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fidelity Md. Date Sept 11 1933

19. UNDERTAKER Edward Memmi Co.

(Address) 1425 W. Pratt St.

20. FILED SEP 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5 1933 to Sept 9 1933

I last saw h[illegible] alive on Sept 8 1933 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left lung.	1 Mo

Other contributory causes of importance:

Name of operation na Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place na

Manner of injury na

Nature of injury na

24. Was disease or injury in any way related to occupation of deceased? na If so, specify

(Signed) Marshall B Hunt M. D.

(Address) Catonsville Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93483 ✓ E 93483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+107-001

1. PLACE OF DEATH MS General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr C Ernest Nichols, Sr.

(a) Residence: No. ..... St., ... Ward. Laurel, Maryland

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel MD

FATHER

13. NAME Robt Nichols

14. BIRTHPLACE (city or town) (State or country) Laurel MD

MOTHER

15. MAIDEN NAME Elizabeth Gilpin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs C Nichols

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Cem Laurel Md Date Sept 13 1933

19. UNDERTAKER Geo A Hill & Son Laurel Md

(Address)

Filed SEP 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/5 1933 to 9/10 1933

I last saw h[illegible] alive on 9/10 1933. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess and cellulitis of right lower leg	

Other contributory causes of importance:

Pneumonia	[illegible]

Name of operation Drainage Abscess Date of 9/5/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) MS Gen Hospital

E 93484

M. D. B. 12684

E 93484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Morgan

(a) Residence: No. 1523 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Morgan

6. DATE OF BIRTH (month, day, year) 1884?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tuskala, Ala.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Ruth Morgan
(Address) 1523 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 9/10/33 19

19. UNDERTAKER Geo. E. Kyle & Son
(Address) 1501 Druid Hill Ave

20. FILED 19 Registrar.

SEP 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 7/3 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	8/20
Other contributory causes of importance: Fracture Femur at knee	7/15/3

Name of operation Osteotomy Date of 7/19/3

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 7/15/3 19

Where did injury occur? In home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell from 2nd story to 1st down stairs

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. St. Clair Coroner, M. D.

(Address) 508 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-7 E 93485 Stzal ✓ E 93485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Thirty third St. 42-06 Ward)

Length of residence in city or town where death occurred 0 yrs. 2/0 mos. 3/0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles S. Stzal

(a) Residence: No. New Freedom, Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Chas S. Stzal

6. DATE OF BIRTH (month, day, year) Aug. 6, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles S. Stzal (d)

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rena Martin (d)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles S. Stzal
(Address) New Freedom, Pa.

18. BURIAL, CREMATION, OR REMOVAL
New Freedom, Pa. Date Sept 13, 1933

19. UNDERTAKER Paul Hartenstine
(Address) New Freedom, Pa

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933 to Sept 10, 1933
I last saw h.im alive on Sept 10, 1933 Death is said to have occurred on the date stated above, at 11.07 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Myocarditis, Chronic	11/2/33
Arteriosclerotic Cardiovascular Disease	?
3	

Other contributory causes of importance:

Hypertension	?
Uremia	9/5/33

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify .....

(Signed) Edwin B. Jarrett, M. D.

(Address) 115 E. Pleasant St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 8 1933

M. D. B. 126-B E 93486

E 93486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Powell Avenue St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothea Glashoff

4t-01

(a) Residence: No. 4501 Powell Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Charles J. F. Glashoff

6. DATE OF BIRTH (month, day, year): Sept. 29, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Geo. Ompteda

14. BIRTHPLACE (city or town) (State or country): Hanover Germany

MOTHER

15. MAIDEN NAME: Louise Unknown

16. BIRTHPLACE (city or town) (State or country): Hanover Germany

17. INFORMANT: Louis Glashoff
(Address): 4501 Powell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Sept. 13, 1933

19. UNDERTAKER: Frederick Lassahn & Son
(Address): 7401 Belair Road

20. FILED ..... 19..... Registrar.

SEP 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1933 to Sept. 10, 1933

I last saw her alive on Sept. 10, 1933 Death is said to have occurred on the date stated above, at 12:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Ileum) due to adherent omentum	Sep. 5

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. L. Wilkinson, M. D.
A. L. Wilkinson

(Address) 5713 Belair Road

M. D. H. 1269-9 E 93487

E 93487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley b Bryant 25-01

(a) Residence: No. 1700 Brady Ave- Fairfield St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 11 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md. ?

FATHER

13. NAME John Widgion

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Novella Br[illegible]nt

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Novella Bryant

(Address) 1700 Brady Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/11/33, 19

19. UNDERTAKER Britt Tod Williams

(Address) 1515 McElderry St

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 8/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h[illegible] alive on ... 19 ... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congential Leues	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If [illegible] specify ...

(Signed) J. R. S. Hall Coroner M. D.

(Address) 508 S North Ave

M. D. R. 1268 E 93488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93488

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

20-01

2. FULL NAME Samuel Sisco

(a) Residence: No. 231 Upsher St. (Usual place of abode) Washington St., D. C. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abe Sisco

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ada ------

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Zion Cem. Date 9/11/33, 19

19. UNDERTAKER Isaac Levine

(Address) 1452 E. Balto St

20. FILED ... 19... ... Registrar.

SEP 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 10/33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. J. McCann, M. D. Coroner

(Address) 508 E Fayette St

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 93489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93489

V 23

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4906 Elmer Ave. ST. WARD) 27-01

2 FULL NAME William Ewing Townsend

(a) RESIDENCE NO. 4906 Elmer Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Martin Townsend

6 DATE OF BIRTH (month, day, and year) Nov. 3rd. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	32	10	6	

8 OCCUPATION OF DECEASED 086

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City Water Dept.

(c) Name of employer Same

9 BIRTHPLACE (city or town) (State or country) Westminster Md.

PARENTS

10 NAME OF FATHER J. Bell Townsend.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co. Md.

12 MAIDEN NAME OF MOTHER Mary Ecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md.

14 Informant J. Burton Townsend

(Address) 3103 Ferndale Ave. Catonsville Md.

15 Filed SEP 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9-33-

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1933, to Sept. 9, 1933, that I last saw him alive on Sept. 9, 1933 and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (History)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lymphosarcoma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically & X-Ray.

(Signed) Fred B. Smith M. D.

19 (Address) 118. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudenville Md. DATE OF BURIAL Sept. 12 1933

20 UNDERTAKER F. Burkard & Son ADDRESS Baltimore Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93490 E 93490

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 Edgewood St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Stanley Merryman 16-01

(a) Residence: No. 743 Edgewood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hamilton L. Merryman

6. DATE OF BIRTH (month, day, year) Oct. 9-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Thos. Yale Foster

14. BIRTHPLACE (city or town) Hartford (State or country) Conn

MOTHER

15. MAIDEN NAME Almira Stanley

16. BIRTHPLACE (city or town) Mt Olive (State or country) N. Y.

17. INFORMANT Miss Nellie Merryman

(Address) 743 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 10. 1933

19. UNDERTAKER Wm J Techner's Sons

(Address) Bath & Penna

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to Sept 8, 1933. I last saw her alive on Sept 8, 1933. Death is said to have occurred on the date stated above, at 1.40 p m.

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma

Date of onset unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. B. Cunningham Hood M. D.

(Address) 2216 Garrison Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

FP 11 1933

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93491 V 48 E 93491

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., Ward)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emily Katherine Eversfield 24-01

(a) Residence: No. 3614 Mohawk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be made information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Edward W.

6. DATE OF BIRTH (month, day, year) Oct 25, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. A. Pracht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wellington Cooper

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Emily W. Eversfield
(Address) 3614 Mohawk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 12, 1933

19. UNDERTAKER Wm. H. Keech Sons
(Address) North & Penna Ave

20. FILED SEP 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933 to Sept 10, 1933

I last saw her alive on Sept 10, 1933. Death is said to have occurred on the date stated above, at 4.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of the Body of the Uterus	four months
Other contributory causes of importance:	
Partial Intestinal Obstruction	6 days

Name of operation Hysterectomy, Colostomy Date of Sept 8 33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wallen Deckert M. D.

(Address)

M. D. H. 1268-9

E 93492 Bieber M E 93492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St., ... Ward)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lavinia Bieber 210-01

(a) Residence: No. 2314 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Bieber

6. DATE OF BIRTH (month, day, year) Sept 16, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME Alexander Scott
14. BIRTHPLACE (city or town) (State or country) Howard Co, Md

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Howard Co, Md

17. INFORMANT Wm Bieber
(Address) 2314 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Sept. 11th, 1933

19. UNDERTAKER Charles J. Schwab
(Address) 505 Pt. Monument St

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...
I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/7, 1933
Where did injury occur? Frederick Ave and Fairmount
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by Automobile
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ..... Coroner M. D.
(Address) .....

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 14 1933

Spec.—1-12-23—M&T—500 Blks.

E 93493

E 93493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 133

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1411 Jefferson ST., (WARD) 5-01

2-FULL NAME Martha Barnette

(a) RESIDENCE (Usual place of abode) No. 1411 Jefferson ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of deceased

6 DATE OF BIRTH (month, day, and year) 1870 - mo - Registr

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, Profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Indefinite

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indefinite

14 Informant: Frederick Patterson

(Address) 1411 Jefferson

15 Filed SEP 11 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-9 1933

17 I HEREBY CERTIFY, That I attended deceased from 6/10, 1933, to 9/9, 1933,

that I last saw her alive on 9/8, 1933,

and that death occurred, on the date stated above, at 8:15 A. m.

The CAUSE OF DEATH* was as follows: Purulent Pyelitis End.

Acute Nephritis Disease

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Kidney disturbance

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Signs & Symptoms

(Signed) Geo. R. Walker M. D.

9/11, 1933 (Address) 924 Fregnitt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashbury

DATE OF BURIAL: Sept 13 1933

20 UNDERTAKER: John W Henderson

ADDRESS 1302 E Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 93494

Spec.—1-30—M. & T.—500 Bks. E 93494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Bank St ST., WARD)

2-FULL NAME Alexander Joseph Szczepanski

(a) RESIDENCE NO. 2209 Bank St ST., WARD 1-01

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alexandria Szczepanski

6 DATE OF BIRTH (month, day, and year) 12-18-1887

7 AGE	Years	Months	Days 40	If LESS than 1 day, ...hrs. or ....min.
	45	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Cleaner 886

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore Bureau of Streets

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Szczepanski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Does not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Szczepanski

(Address) 2209 Bank St.

15 Filed SEP 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/8/33

17 I HEREBY CERTIFY, That I attended deceased from 5-25, 1933, to 9-8, 1933, that I last saw him alive on 9-7, 1933, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 3 mos 9 ds.

CONTRIBUTORY (Secondary) Pernicious Conversion of Lungs, Bronchopneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Physical Examination

(Signed) M. C. Carter, Jr. M. D.

, 19 (Address) 316 So. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 9/12 1933

20 UNDERTAKER L. W. Cegielski

ADDRESS 1936 East

E 93495

E 93495

M. D. B. 1268-9

276639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorraine Randell 3-01

(a) Residence: No. 1509 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-18-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Randall
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Redeemer Date Sept 11 1933

19. UNDERTAKER Randell & Schaefer
(Address) 1511 Mc Elderry St

20. FILED SEP 11 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1933 to Sept 8 1933
I last saw her alive on Sept 8 1933 Death is said to have occurred on the date stated above, at 7 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11 days
Pertussis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John B. Washington M. D.

(Address) Johns Hopkins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 93496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93496

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 E Oliver St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward L Busch Jr. 8-01

(a) Residence: No. 2305 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Edward L. Busch Sr.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary L. Staylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edward L. Busch Sr
(Address) 2305 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date Sept 11 1933

19. UNDERTAKER Geo. Lloyd & Sons
(Address) 1701 Pattersonpk

Filed SEP 11 1933 Registrar Nº 733

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Sept 10, 1933
I last saw him alive on Sept 9 1933 Death is said to have occurred on the date stated above, at 1.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough 120 days	Sept 1/33

Other contributory causes of importance:

Convulsions	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Sept 12 (Signed) R. S. H. Campbell M. D.
(Address) 6644 Harford

M. D. B. 12-9 E 93497 E 93497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Foos — 1-01

(a) Residence: No. 720 So. Lakewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Foos

6. DATE OF BIRTH (month, day, year) Aug 6 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Felix Tyszkiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jadwiga Lamiyska

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs Jadwiga Tyszkiewicz
(Address) 720 S. Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sep 13 1933

19. UNDERTAKER John Oz Weber
(Address) 401 E. Chester St

20. FILED SEP 11 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1933 to Sept. 9 1933

I last saw her alive on Sept. 9 1933 Death is said to have occurred on the date stated above, at 7 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Christopher C. Straus M. D.

(Address) Baltimore City Hospitals

E 93498

M. D. B. 1268-9

E 93498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 125-001

Registered No. .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds. 4-01

2. FULL NAME Rape Sweetel

(a) Residence: No. 1481 W. Saratoga St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 10, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	10	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Hamp Sweetel

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Jane Evans

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Pearl Woodward
(Address) 1481 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Sept 11, 193.
Place Mt Auburn Cem Date

19. UNDERTAKER Thomas E. Fulton
(Address) 1303 Pennsylvania Ave

20. FILED SEP 11 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1933 to 9-7, 1933

I last saw him alive on 9-1, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow atrophy of liver	10 days
Other contributory causes of importance: Bronchopneumonia	3-4 days

Name of operation Exploratory Date of

What test confirmed diagnosis? Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Bowers M. D.

(Address) Balto City Hospital

E 93499

M. D. B. 1203-4

E 93499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 133

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

RD. Every item of
HYSICIANS should
Exact statement of

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Wm Casey 26-01

M. D. R. 1268-9

E 93500

E 93500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 Ward 1st St., ...Ward)

Length of residence in city or town where death occurred 35 yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Eliza Shorter

21-01

(a) Residence: No. 1357 Ward 1st St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Shorter

6. DATE OF BIRTH (month, day, year) — 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

FATHER

13. NAME Wilson Butler

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

17. INFORMANT Ocie Shorter

(Address) 205 Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 11, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED SEP 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-8- , 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 , 1933 to Sept 8 , 1933

I last saw her alive on Sept 8 , 1933 Death is said to have occurred on the date stated above, at 3.12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
bronchopneumonia	8-25-33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. J. Compton M. D.

(Address) 119 N. Carrollton Ave

M. D. B. 126-M E 93501

E 93501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 Warren Ave. St., Ward)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony P. Surdi 24-01

(a) Residence: No. 129 Warren Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 16, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August Surdi.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Caroline Londonia.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Caroline Surdi. (mother)
(Address) 129 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 13, 1933

19. UNDERTAKER John J. Denny
(Address) 405 Light St.

20. FILED SEP 11 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cdiuter disease of the heart.	
Cardiac Thrombosis.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos M Rinehart Coroner, M. D.

9/11/33 (Address) 1017 E. Charles St.

INFORMATION should be carefully supplied. This is a PERMANENT RECORD. Every item of DEATH in plain state CAUSE OF DEATH EXACTLY. PHYSICIANS should OCCUPATION is very important. properly classified. Exact statement of instructions on back of certificate.

M. D. B. 1268-9 E 93502 E 93502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 183

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Foot of Light St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Alton Howard. 24-01

(a) Residence: No. 617 E. Clement St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ----------

6. DATE OF BIRTH (month, day, year) May 14, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

FATHER

13. NAME Claude C. Howard.

14. BIRTHPLACE (city or town) (State or country) Secretary, Md.

MOTHER

15. MAIDEN NAME Elsie R. Hughes.

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

17. INFORMANT Claude C. Howard. (father)

(Address) 617 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md Date Sept. 12 1933

via Baltimore & Eastern R.R.

19. UNDERTAKER John A. Denny

(Address) 715 Light St

20. FILED ____, 19__ for ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) September 9, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__

I last saw h__ alive on ____, 19__ Death is said to have occurred on the date stated above, at 1.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occicental Drowning white in swimming.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/9/33 19

Where did injury occur? Foot of Light St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public place.

Manner of injury: Drowning.

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ida M Kinkaid Coroner, M. D.

9/11/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 93503 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93503

CERTIFICATE OF DEATH V 158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda White 22-01

(a) Residence: No. 510 Montgomery St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Spencer White

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Letha Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jno. L. White

(Address) 510 Montgomery

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 11, 1933

19. UNDERTAKER

(Address)

20. FILED Sept 12, 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address) Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93504

CERTIFICATE OF DEATH

V 158

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Myers 18-01

(a) Residence: No. 321 N. Schroeder St., Ward. 9/3/33

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 3/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Walter Myers

14. BIRTHPLACE (city or town) (State or country) ???

MOTHER

15. MAIDEN NAME ??????

16. BIRTHPLACE (city or town) (State or country) ?????

17. INFORMANT Provident Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Sept 11, 1933

19. UNDERTAKER

(Address)

20. FILED SEP 11 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	
(Cause undetermined)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Beer M. D.

Coroner

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

CAUTION.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of

M. D. B. 1268-9

93505 E 93505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., ...Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Anton Wroclawski 26-87

(a) Residence: No. City Hospital St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	33		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Md Date Sept 11 . 1933

19. UNDERTAKER
(Address)

20. FILED SEP 11 1933 19 THE MORGUE Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Accidental Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 6 . 1933

Where did injury occur? Pratt Canal
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Coroner . M. D.

(Address) 1315 E Fallsway

E 93505

I hereby certify, with CARBON INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEPT 1933

M. D. H. 1268-9

E 93506

E 93506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1625 Linden Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Brewer

14-01

(a) Residence: No. 1625 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	single

5a. If married, widowed, or divorced
HUSBAND of ------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME John M. Brewer

14. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Van Lear

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Mrs. Fannie B. Carver
(Address) 1625 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 9/12/33. 19

19. UNDERTAKER Wm. A. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED SEP 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9/33 19

22. I HEREBY CERTIFY, That I attended deceased from 1923 to Sept 9- 19 33

I last saw her alive on 19 33 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Oct 1932
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Roentg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Standish McIlhenny M. D.

(Address) 1609 Linden Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 93507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 11-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Rodgers

(a) Residence: No. 12 N. Hamilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Capt. Edward Rogers

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Catherine Mentor

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Louis F. Burger
(Address) 215 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Sept 13, 1933

19. UNDERTAKER Wm. C. Mitchell, Sons
(Address) 1300 Eutaw Place

20. FILED SEP 11 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933 to Sept 9, 1933

I last saw her alive on Sept 9, 1933 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Generalized arteriosclerosis	
Cardiac Hypertrophy	

Other contributory causes of importance:

Cystitis	
Secondary anaemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David H. Andrew M. D.

(Address) Church Home & Infirmary

GIVE FULL, WITH USE OF INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 4268-9

E 93508

E 93508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Old Frederick Rd St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. ..... ds. How long in U. S. If of foreign birth? — yrs. ..... mos. ..... ds.

2. FULL NAME Henry W. Ironmonger 20-01

(a) Residence: No. 3500 Old Fred'k Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ironmonger

6. DATE OF BIRTH (month, day, year) June 18th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actuer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME John T. Ironmonger

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary A. Stringer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Carrie Field

(Address) 3500 Old Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date 9/11/33

19. UNDERTAKER F. B. Shipley & Son

(Address) 1300 Eutaw Place

20. FILED Hunter Williams Registrar.

SEP 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/33

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Sept 9 1933

I last saw him alive on Sept 9 1933. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	3 yrs ago.

Other contributory causes of importance:

Hydronephrosis + Metastasis

Name of operation Prostatectomy Date of

What test confirmed diagnosis? Yes. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas S. Bowyer M. D.

(Address) 3632 Frederick Rd.

M. D. B 1268-9

E 93509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH Mt Sinai Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1107 Darley Ave. St., Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 9-26

2. FULL NAME Mrs Amy Dromwell (Darley Ave)

(a) Residence: No. 1107 Darley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Bromwell

6. DATE OF BIRTH (month, day, year) Feby 14/1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County

FATHER

13. NAME Mc J Wells

14. BIRTHPLACE (city or town) (State or country) Howard

MOTHER

15. MAIDEN NAME Ida Rogers

16. BIRTHPLACE (city or town) (State or country) Howard Count

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Sept 13, 1933

19. UNDERTAKER Harry N. Arnold & Son
(Address) 1201 Edgewood Ave.

20. FILED Sept 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/8, 1933, to 9/10, 1933

I last saw h.. alive on 9/10, 1933 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	

Other contributory causes of importance:

Pulse pressure	

Name of operation Resection & anast Date of 9/8/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Mt. Sinai Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 11 1933

M. D. B. 1268-0

E 93510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93510

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George May

(a) Residence: No. 1825 E Biddle St., Ward. 10-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lillian May (Dead)

6. DATE OF BIRTH (month, day, year) Nov. 2 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 43	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter May

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliz. Powers

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records

(Address) Balt City Hosp

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~

Place Univ. of Md Date Feb 11, 1933

19. UNDERTAKER [illegible] Health.

(Address)

20. FILED Feb 11 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) Sept 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1930 to Sept 2, 1933

I last saw h alive on Sept 2, 1933 Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage Chronic	?
Coronary Thrombosis ?	24 hrs

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Hagerd, M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN: state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250R

E 93511

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93511

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH So. Balto. Genl Hosp.

Registered No. 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Spencer

(a) Residence: No. 403 E Fort Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie Plum

6. DATE OF BIRTH (month, day, year) April 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	63	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plum No 4 Carroll Co Md

FATHER

13. NAME William Spencer

14. BIRTHPLACE (city or town) (State or country) Plum No 4 Carroll Co Md

MOTHER

15. MAIDEN NAME Drailla Fowler

16. BIRTHPLACE (city or town) (State or country) Plum No 4 Carroll Co Md

17. INFORMANT Mrs Maggie Spencer
(Address) 403 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lauderdale Park Date Sept 13 1933

19. UNDERTAKER Chas. D. Sterne
(Address) 1501 E Fort Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1933 to Sept. 9, 1933

I last saw him alive on Sept. 9, 1933 death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	1931
Coronary embolism	9/9/33
	1 hr

Other contributory causes of importance:

Name of operation Supra pubic cystotomy Date of 7/7/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M. Currie, M. D.

(Address) So. Balto. Genl Hosp.

INSTRUCTIONS: Please answer questions in full. Where there is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 93512

HEALTH DEPARTMENT—CITY OF BALTIMORE

93512

CERTIFICATE OF DEATH

67

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wright 5-01

(a) Residence: No. 107 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1900

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
33	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Solomon Wright

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9-12 1933

19. UNDERTAKER Dent Eastern
(Address) 216 Pine

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1933 to Sept. 10 1933

I last saw him alive on September 10 1933 Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Insanities —	Aug 1933
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Phogil M. D.

(Address) Balt City Hosp.

A&Co. 5-11 250M

E 93513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93513

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 Shields alley Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Bell Stevenson

(a) Residence: No. 1326 Shields St. Ward 17-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Stephenson

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Richard Stevenson
(Address) 1326 Shields alley

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9-12 19 33

19. UNDERTAKER Hunt Eagles
(Address) 216 N Carey

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11. 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10th, 1933 to Sept 11th 1933

I last saw her alive on Sept 11 1933 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	9/9/33
Other contributory causes of importance: Edema of Lungs, Bronchial Asthma	9/10/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Hanson, M. D.

(Address) 522 N. Arlington Ave

M. D. H. 1268-9

E 93514 ✓ E 93514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 261 W. Hoffman St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Everett Dunlap 11-01

(a) Residence: No. 261 W. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Guy Dunlap

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Jennie Richardson

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Guy Dunlap
(Address) 261 W. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 9/12. 1933

19. UNDERTAKER Rome & Caplan
(Address) 216 Penna Ave

20. FILED ..... 19.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 11/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-intestinal Indigestion	
Other contributory causes of importance: Prematurity- & mons Gest at Birth	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Rees M. D.
Coroner

(Address) 5006 Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93515 ✓ E 93515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Schade 26-01

(a) Residence: No. 6700 Phila Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Schade

6. DATE OF BIRTH (month, day, year) Feb 6 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keeps house 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Forster —

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Mac Auna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George W. Schade

(Address) 6700 Philadelphia Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 13 1933

19. UNDERTAKER Ivy Cook

(Address) 1217 St. Paul St.

FILED SEP 12 1933 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/5 1933 to 9/10 1933

I last saw h.. alive on 9/10 1933 Death is said to have occurred on the date stated above, at 2:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	1 week.
Cholelithiasis	

Other contributory causes of importance:

Myocardial failure	1 day.

Name of operation Cholecystectomy Date of 9/9/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) F. P. Bowers M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1265-9

E 93516 ✓ E 93516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Warren Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie E. McKenney 24-01

(a) Residence: No. 411 Warren Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. H. McKenney.

6. DATE OF BIRTH (month, day, year) Dec. 19-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 037

10. Date deceased last worked at this occupation (month and year) Apr 24 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md

FATHER

13. NAME Lemuel Kirby.

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

MOTHER

15. MAIDEN NAME Anna Commick

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

17. INFORMANT Jessie McKenney

(Address) 411 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 13th, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st.

20. FILED SEP 12 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933 to Sept 10-, 1933

I last saw her alive on Sept 9th, 1933 Death is said to have occurred on the date stated above, at 3.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 yr.
Uraemia	2 wks.

Other contributory causes of importance:

Name of operation no Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) G. E. Benton, M. D.

(Address) 301 E. Cross St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-6 E 93517 ✓ E 93517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 W Fairmont Ave St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Williamson 20-01

(a) Residence: No. 2531 W Fairmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Williamson Sr

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

FATHER

13. NAME John Long

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Michaels

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Williamson Sr

(Address) 2532 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 12th, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

SEP 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933 to Sept 11, 1933

I last saw h[illegible] alive on Sept 11, 1933 Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Carcinoma of colon	
Other contributory causes of importance: Arteriosclerosis Coronary Disease	

Name of operation ... Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Thomas E Talbot, M. D.

(Address) 1001 N Fulton Ave

M. D. B. 1269-6 (Rev. 3-33)

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93518 ✓ E 93518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Marsh 21-01

(a) Residence: No. 1547 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Filbert H. Marsh

6. DATE OF BIRTH (month, day, year) Dec 31st 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 (35)	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pleasant Valley Md

FATHER

13. NAME A. Daniel Leister

14. BIRTHPLACE (city or town) (State or country) Pleasant Valley Md

MOTHER

15. MAIDEN NAME Florence Dietz

16. BIRTHPLACE (city or town) (State or country) Pleasant Valley Md

17. INFORMANT Filbert H. Marsh
(Address) 1547 Burgundy st

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hampden Date Sept 13th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) September 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1933, to September 10, 1933.

I last saw her alive on September 10, 1933. Death is said to have occurred on the date stated above, at 12.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	1933

(Coron)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Racusin M. D.

(Address) Franklin Square Hospital

M. D. B. 12 Rev. E 93519

E 93519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Geare 15-01

(a) Residence: No. 410 Park Heights Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Geare

6. DATE OF BIRTH (month, day, year) April 20 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nyman S. Geare

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Riskover

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. M. Geare

(Address) 410 Pk. Hgts. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Sept 12 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 112 E. Balto. St.

20. FILED SEP 12 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-b E 93520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93520

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 Oldham St. 2c Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Barbara E. Wall. 26-01

(a) Residence: No. 330 Oldham St. 2c Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wall.

6. DATE OF BIRTH (month, day, year) Nov. 10 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Henry J. Willick

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary E. Myrtle.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT William Wall. (Address) 330 S. Oldham St

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Date Sept. 13. 1933

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 703 S. Wolfe St.

20. FILED Sept 13 1933 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1933 to Sept 10 1933

I last saw ~~her~~ alive on ~~Sept 10~~ 1933. Death is said to have occurred on the date stated above, at 1:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia	

Other contributory causes of importance:

Arterio Sclerosis	1-00

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ....If so, specify

(Signed) H. E. Gray M. D.

(Address) 6 W. Lanvale St

M. D. B. 1203 E 93521 ✓ ME 93521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harold L. Gingrich 15-01

(a) Residence: No. 1824 Westwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Battle Mod

FATHER

13. NAME Wm T. Gingrich

14. BIRTHPLACE (city or town) (State or country) Battle Mod

MOTHER

15. MAIDEN NAME Evelyn Garrigan

16. BIRTHPLACE (city or town) (State or country) Battle Mod

17. INFORMANT Mrs Wm T. Gingrich
(Address) 1824 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 18, 1933

19. UNDERTAKER Martin Fahy Sons
(Address) 1827 N. Fulton ave

20. FILED SEP 19 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 19 33 to Sept 15, 19 33

I last saw h alive on Sept 15, 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Comp. fracture of Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/10, 19 33

Where did injury occur? Falls Rd & Monument St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury Collided with another

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Cleary, Coroner, M. D.

(Address) 1200 E Madison St

E 93522

M. D. B. 1264

E 93522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 4-01

2. FULL NAME Elid Nyberg

(a) Residence: No. Dorothy Ave & Essex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 10 - 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oxygen Tank Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Ship Build. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 8 6

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Nyberg

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Amelia Samuelson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Nyberg
(Address) Dorothy Ave. Essex

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Sept 13 1933

19. UNDERTAKER Thos. G. Connelly & Sons
(Address) Essex Md.

20. FILED SEP 12 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1933, to September 10, 1933.

I last saw h/M alive on September 10, 1933. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Right Lung	1932 (?)
metastases from sarcoma of right femur	1931
Other contributory causes of importance:	
Circulatory Collapse	9/10/33

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Milford H. Sprecher M. D.

(Address) University Hospital.

SEP 12 1933

Spec.—2-29-28—L. F. S.—500 E 93523 ✓ E 93523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 6502 Rosemont Ave. ST., WARD) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Evelyn Croucher

(a) RESIDENCE NO. 6502 Rosemont Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: William Croucher

6 DATE OF BIRTH (month, day, and year): Oct. 19 - 1894

7 AGE: Years 38 | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Chas. W. Nickles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Margaret C. Kronebusch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: William Croucher

(Address): 6502 Rosemont Ave.

15 Filed SEP 12 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10, 1933

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Sept 10, 1933, that I last saw h— alive on Sept 10, 1933 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute pancreatitis

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? 6814 Martin Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Edwin W. Brown, M. D.

9/11, 1933 (Address) 1W. Preston Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Sept. 12 1933

20 UNDERTAKER: Jno. B. Connelly — ADDRESS: Emory

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93524 ✓ E 93524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 Jackson Place St., Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W Ringrose 6-01

(a) Residence: No. 144 Jackson Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Ringrose

6. DATE OF BIRTH (month, day, year) March 17th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 5 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Samuel Ringrose

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) Dont Know
(State or country)

17. INFORMANT Mrs Annie Ringrose
(Address) 144 Jackson place

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Sept 12, 1933

19. UNDERTAKER John Mellet
(Address) 2116 Arlington Ave

20. FILED Sept 13 1933 H. Linton Wise, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Sept 4, 1933

I last saw him alive on Sept 8, 1933 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Gangrene Left Leg & Toes	
Left Foot	
Endarteritis Obliterans	8/1/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jno. H. Keller, M. D.

(Address) 1937 Eutaw Pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FP 3

M. D. B. 1208-9 E 93525

E 93525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., Ward)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Louis Ruppert 5-01

(a) Residence: No. 1423 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Eliz. Harris (Deceased)

6. DATE OF BIRTH (month, day, year) Dec 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME George Ruppert

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Jane Maryland

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakmont Date 9/12/33

19. UNDERTAKER Edw Bryan
(Address) 1631 Edmondson Ave

20. FILED SEP 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to Sept 9, 1933

I last saw h alive on Sept 9, 1933 Death is said to have occurred on the date stated above, at 4=P m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Carcinoma of Prostate	?
Metastasis to Pelvic Glands	1 yr.
Anaemia, secondary	6 mos.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel M. D.

(Address) Balt. City Hosp.

V. S. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9 E 93526

✓ E 93526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Park Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? 61 yrs. 6 mos. 17 ds.

2. FULL NAME William Otis Spear 14-01

(a) Residence: No. 1609 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dorothy K. Spear

6. DATE OF BIRTH (month, day, year): Feb 24 1872

7. AGE: Years 61 | Months 6 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Solicitor for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md. Casualty Co.

10. Date deceased last worked at this occupation (month and year): Sept 7 1933

11. Total time (years) spent in this occupation: 12 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: Edwin W. Spear

14. BIRTHPLACE (city or town) (State or country): Balto. Maryland

MOTHER

15. MAIDEN NAME: Emmaline Fuller

16. BIRTHPLACE (city or town) (State or country): Balto. Maryland

17. INFORMANT: Mrs Dorothy K. Spear (wife)

(Address): 1609 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmt Date: Sept 13 1933

19. UNDERTAKER: Stewart Morson Co.

(Address): 1000 Eutaw Place

20. FILED: 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/9, 1931, to 9/11, 1933

I last saw him alive on 9/11, 1933 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/9/33
Acute Cardiac dilatation	9/10/33
Asthmatic Bronchitis	9/9/31
Emphysema	9/9/31

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cert 1633

M. D. B. 1268-9 E 93527 ✓ E 93527

27658/ Med.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Jones 14-01

(a) Residence: No. 1911 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	(71?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Gary, Ind. Date 9/13/33

19. UNDERTAKER Mrs. Eliz. H. Holland (Address) 1621 Druid Hill Ave

20. FILED ..... 19 ..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933 to Sept 9, 1933

I last saw her alive on Sept 9, 1933 Death is said to have occurred on the date stated above, at 5-15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9/1
Arteriosclerosis & hypertension	?
Right hemiplegia Complete	9/6
Myocardial failure	9/6
Cerebral hemorrhage, left.	

Other contributory causes of importance:

Arteriosclerosis generalized
Hypertension
Diabetes mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry O. Stebbins, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

FEB 1933

E 93528

Special 1-12-33 E 93528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-004

REGISTERED NO. .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2127 Druid Hill Ave ST., WARD) 14-0
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Novella Roane
(a) RESIDENCE NO. 2127 Druid Hill Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Married
5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chas.
6 DATE OF BIRTH (month, day, and year): Sept. 10-1874
7 AGE: Years 58; Months 11; Days 29; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Lewis Lewis
(Address) 2127 Druid Hill Ave

15 Filed, SEP 1 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 9 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 - 1933 to Sept 9 - 1933
that I last saw her alive on Sept 9 - 1933
and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:
1 Hemiplegia
(Uremic Coma)
(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. F. Coleman, M. D.
Sept 11 1933 (Address) 2037 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tanyard, Va.
DATE OF BURIAL: 9/12/1933
20 UNDERTAKER: Mrs. George R. Holland
ADDRESS: 1601 Druid Hill Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 12-29 E 93529

E 93529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Clarice Catharine Davis 16-01

(a) Residence: No. 800 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Larkin J. Davis

6. DATE OF BIRTH (month, day, year) Mar. 6, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 37 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andreas Hiem

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME (Christine) Doberer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
London Park Date 9-14 1933

19. UNDERTAKER George A. Embley
(Address) Fulton & Fayette

20. FILED 9-14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1933 to 9-11 1933

I last saw her alive on 9-11 1933 Death is said to have occurred on the date stated above, at 10:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	
Diabetes Mellitus	1929
Other contributory causes of importance: Uremia	Sept 11 33

Name of operation ..... Date of .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. E. Proctor M. D.

(Address) Md Gen. Hospital.

M. D. B. 1265-9

E 93530

E 93530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Battery Ave St., Ward)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Pfaff 24-01

(a) Residence: No. 1106 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Pfaff.

6. DATE OF BIRTH (month, day, year) Aug. 22-1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1913-

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andrew Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bowers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine McGuigan

(Address) 1106 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 9/14/33

19. UNDERTAKER E & B Hafer

(Address) 115 E 21st St

20. FILED SEP 12 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1933 to Sept-11-, 1933

I last saw her alive on Sept-11-, 1933 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	several years
Other contributory causes of importance:	
Cerebral Hemorrhage	5 wks.

Name of operation no Date of —

What test confirmed diagnosis? Atypical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) D. E. Buxton M. D.

(Address) 301 E Eager St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 93531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93531

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? 9-01 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph S Stamm

(a) Residence: No. Granite, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary. Stamm.

6. DATE OF BIRTH (month, day, year) June 12- 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 86

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Stamm
(Address) Granite Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodstock Cem. Date 9/15 19 33

19. UNDERTAKER Bernard C Hafer
(Address) 1020 S Paca St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1933 to September 12, 1933

I last saw him alive on September 12 1933 death is said to have occurred on the date stated above, at 7:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Anterior poliomyelitis - general	?
2. Hypertension	?
3. Cerebral thrombosis and hemorrhage	8-25-33
Other contributory causes of importance:	
1) Chronic myocardial degeneration	?
2) Bronchopneumonia	9-9-33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Wagensellor, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

INFORMATION ASKED FOR ON THIS CERTIFICATE IS REQUIRED BY LAW (ORDINANCES OF BALTIMORE CITY). FIGURES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9 E 93532 ✓ E 93532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-001

Registered No. 3-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred 28 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Tana

(a) Residence: No. 410 S. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Consiglia

6. DATE OF BIRTH (month, day, year) Feb 9/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vince Tana

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Rossels

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 14 19 3

19. UNDERTAKER Wendell J. Poffel
(Address) 300 S Eden St

20. FILED SEP 12 1933 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 10/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10.45m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	9/8/33
Other contributory causes of importance:	
Acute Nephritis	9/3/33
Possible Acute Yellow Atrophy of Liver	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Bateman M. D.
(Address) 508 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268c

E 93533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93533

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Inno 26-01

(a) Residence: No. Inno St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Hebrew Cem Date 9/14/33 19

19. UNDERTAKER Jos H. Lewis Inc (Address) 1439 E Balto St

20. FILED SEP 12 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1931, to Sept 10, 1933

I last saw him alive on Sept 10, 1933 Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	?
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magid M. D.

(Address) Balt City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. H. 1266-A E 93534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93534

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital St., Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Burka 15-01

(a) Residence: No. 4228 Reistertown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Meyer Burka

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mamie Burka (wife)
(Address) 4228 Reistertown Road

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Hening Plan Date 9-13- 1933

19. UNDERTAKER Jack Lewis
(Address) 1439 E Baltimore St

20. FILED SEP 12 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 12/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	???

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Wallace Coroner, M. D.

(Address) 5056 Norwood

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co—250 Bks

L 93535 Dr. Young E 93535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 735 N. Central ave St. WARD)

2 FULL NAME Charles Stephens 10-01

(a) RESIDENCE NO. 735 N. Central Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Stephen

6 DATE OF BIRTH (month, day, and year) July or 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ella Stephen

(Address) 735 N. Central ave

Filed SEP 12 19 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11, 1933

17

I HEREBY CERTIFY. That I attended deceased from April 20. 1933, to Sept 11, 1933

that I last saw him alive on Sept 11, 1933

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency and Cardiac Hypertrophy.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Nephritis and Generalized Sclerosis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. Young M. D.

9/12 1933 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Sept 13 1933

20 UNDERTAKER Rayner Sanders — ADDRESS 1413 E Preston St

M. D. P. 1268-9 E 93536

E 93536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Ambassador Apartment

CITY OF BALTIMORE: (No. Canterbury Rd. 394 St., 57 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Addie Dell Ramsay

(a) Residence: No. Ambassador Apartment, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Henry C Ramsay

6. DATE OF BIRTH (month, day, year): Jan 13 1862

7. AGE: Years 71 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month and year): Sept 1933

11. Total time (years) spent in this occupation: 57

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md

FATHER

13. NAME: Julius Dell

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Frank Ramsay

(Address) Ambassador Apts

18. BURIAL, CREMATION, OR REMOVAL: Interment

Place Carroll Co. Md Date Sept 14 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 E Fayette St

Huntington Williams Mgr.

SEP 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 12. 33

22. I HEREBY CERTIFY, That I attended deceased from July 14th, 1933 to Sept 12, 1933

I last saw h... alive on Sept 11, 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Kidney	July 33
Other contributory causes of importance:	
Hemorrhage	

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Joseph E Buchman M. D.

(Address) 320 Garrison Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1[illegible]-9 93537 E 93537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 N Washington St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Magnus O'Brien

(a) Residence: No. 2017 N Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Markham O'Brien

6. DATE OF BIRTH (month, day, year): May 10 1853

7. AGE: Years 80 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John A Magnus

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary Mobley

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mamie O'Brien

(Address) 2017 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 9/14 1933

19. UNDERTAKER: Wm Lork

(Address) 1249 St Paul St

20. FILED: 134933 Huntington Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933, to Sept 12, 1933

I last saw h[illegible] alive on Sept 12, 1933. Death is said to have occurred on the date stated above, at 12.15 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Valvular Heart disease	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Washington Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 593

M. D. B. 1268 E 93538 E 93538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Richmond Ave. Ward) 35

Registered No. 97-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen A. Schooley

(a) Residence: No. 609 Richmond Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edna E Schooley

6. DATE OF BIRTH (month, day, year): Dec 15, 1865

7. AGE: Years: 67 | Months: 8 | Days: 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 150

10. Date deceased last worked at this occupation (month, day, year): Jan 1932

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

FATHER

13. NAME: Evan Schooley

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mary C. Lynn

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Margaret L. Mrs. Cubbins

(Address) 609 Richmond Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Phillipsburg N.J. Date: Sept 13th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

Rec'd SEP 13 1933 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Sept 12 1933

I last saw him alive on Sept 11 1933. Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary intersticial Nephritis	many years
Other contributory causes of importance: Bronchial Asthma	6 mo

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. C. Hoes Jr. M. D.

(Address) 5600 York Rd

Information must be entered carefully and complete. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B E 93539 E 93539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S Mount St., 19-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Samuel Bunn

(a) Residence: No. 305 S Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hanna Buna

6. DATE OF BIRTH (month, day, year) Aug 26- 77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	56		14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter B&O RR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0 50

10. Date deceased last worked at this occupation (month and year) 44 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME - Lord Buna

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Deal

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Buna (Address) 305 Mount St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date 9/14, 19 33

19. UNDERTAKER Howard A. Reitzel (Address) 4101 Edmondson Ave

Filed SEP 13 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9- 33

22. I HEREBY CERTIFY, That I attended deceased from Aug 30th, 1933, to Sept 9- 33, 19...

I last saw him alive on Sept 9, 1933, death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis, Hemiplegia	

Other contributory causes of importance: Dorsenna Cardiac Failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Guy McCarty, M. D.
(Address) 600 N Payson St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 93540 Elizabeth Purdy E 93540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19-01 S. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Purdy

(a) Residence: No. 230 N. Gilmor St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Purdy

6. DATE OF BIRTH (month, day, year) Dec. 5, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James T. Purdy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jennie Turner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Charles C. Hanson

(Address) 230 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 14 19 33

19. UNDERTAKER Harry A. Lutz & Son

(Address)

20. FILED Sept. 14 1933 Registrar.

EP 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to Sept 11, 1933

I last saw her alive on Sept. 11, 1933 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs + Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Williams S. Dippen M. D.

(Address) 1324 W. Lombard St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9 E 93541 - E 93541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 108 Mallow Hall St., 28-01 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. — mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Grayson Boyer

(a) Residence: No. 108 Mallow Hall Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thos. A. Boyer

6. DATE OF BIRTH (month, day, year) Sept. 10, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	63	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jesse D. Tuttle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Forsythe

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. D. Boyer
(Address) 108 Mallow Hall Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Sept 15, 1933

19. UNDERTAKER Harry W. Ellen
(Address) 1944 W. Baltimore

20. FILED SEP 13 1933 Huntington Millicent, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933 to Sept 12, 1933

I last saw h[illegible] alive on Sept 11, 1933 Death is said to have occurred on the date stated above, at 4 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria, Myocardites with Decompensation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Augustine P. Von Schultz M.D.
(Address) 1818 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1-9 E 93542

E 93542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 E. Federal St. 8-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Christina Barsotti

(a) Residence: No. 1917 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Barsotti

6. DATE OF BIRTH (month, day, year) June 17/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Christian

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Brunicadi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Barsotti
(Address) 1917 E. Federal

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer — Date 9-13-33

19. UNDERTAKER Wendell E. Humbertson
(Address) 1911 N. Broadway

Registrar.

FILED SEP 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 11/33. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Geheral Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. H. Pacca M. D.
Coroner

(Address) 506 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-A E 93543

E 93543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 17-01 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Bush

(a) Residence: No. 1170 Pennsylvania Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Bush

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓ 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Alexander Bush

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Sept 13, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED Sept 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1933 to Sept 9, 1933

I last saw h[illegible] alive on Sept 9, 1933 Death is said to have occurred on the date stated above, at 9 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, Cystic degeneration	2 mo?
Aneurysm of ascending Aorta	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-9

E 93544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

*91-001

E 93544

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Davis

(a) Residence: No. 6 Arrowship Road St., Dundalk Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lylian Davis

6. DATE OF BIRTH (month, day, year) Oct 22 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman tin mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehm steel

10. Date deceased last worked at this occupation (month and year) 6 W

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh

FATHER

13. NAME John C Davis

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary A Morgan

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Lylian Davis

(Address) 6 Arrowship roRd

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Sept 14th 19

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans st

FILED SEP 13 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to Sept. 11, 1933

I last saw him alive on September 11, 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	7/33
Other contributory causes of importance: Acute Tubular Nephritis	8/33
Brain Infarct	
Splenic Infarcts	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milford H Schreeder M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9 E 93545

E 93545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 165

1-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Declared dead at Hopkins Hospital St. ..... Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Emma Virginia Wise

(a) Residence: No. 612 N. Decker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry C. Wise

6. DATE OF BIRTH (month, day, year) July 29/1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Skylight

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Wiegand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Emmett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Johannah Albert
(Address) 304 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 15. 19 03

19. UNDERTAKER John Ulrich
(Address) 2006 Aliceanna

FILED 1903 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 12/03, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at about 1 P.M.

The principal cause of death and related causes of importance were as follows:

Strangulation by hanging self in bath room in residence

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. H. Collins Coroner, M. D.

(Address) 506 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

S

FILED 1903 Registrar.

M. D. P. 1268-E 93546 E 93546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 15-01 Ward)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Jordan

(a) Residence: No. 2111 Lyndhurst Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Jordan

6. DATE OF BIRTH (month, day, year) August 4, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8½

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Jordan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Morris

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 9/13/33 19

19. UNDERTAKER F. E. Waghurst & Son (Address) 801 Eutaw Place

20. FILED SEP 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to Sept 10 1933

I last saw him alive on Sept 10 1933 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, General	5
Bronchopneumonia	7 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I D Magill M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N Gay St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Hetta Hans

(a) Residence: No. 211 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Vorbroum

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Vn Krown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Samuel Hans
(Address) 211 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Date 9-13 1933

19. UNDERTAKER Post Funeral Home
(Address) 1439 E. Baltimore St

FILED SEP 13 1933 19 Wm. Ivins Hammett, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10th 1933 to Sept 13th 1933

I last saw h.e alive on Sept 13th 1933 Death is said to have occurred on the date stated above, at 9-30 a.m.

The principal cause of death and related causes of importance were as follows:

Infirmities of age. — Date of onset

Other contributory causes of importance:

Ruptures

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas H. Maynes M. D.

(Address) 14 E. Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 33

M. D. B. 1268-9

E 93548

HEALTH DEPARTMENT—CITY OF BALTIMORE

93548

CERTIFICATE OF DEATH

V 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emanuel Krieger

(a) Residence: No. 3614 Springdale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mandel

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Levy M.E. Cemetery Date 9/13/33

19. UNDERTAKER Louis Sinai

(Address) 1739 E. Baltimore St.

20. FILED SEP 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1933, to Sept. 12, 1933

I last saw h[illegible] alive on Sept. 12, 1933. Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	15 min.
Other contributory causes of importance:	
Broncho-pneumonia (unresolved)	Aug. 1/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morris Wolfe M. D.

(Address) Sinai Hospital

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93549

CERTIFICATE OF DEATH

E 93549

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of East Fallsway St., 3-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hahn

(a) Residence: No. 402 S. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Hahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Florence Grass

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Wiseman
(Address) 933 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Sept. 14, 1933

19. UNDERTAKER HENRY SANDER & SON, Inc.
(Address) Ball & Baltimore Huntington Avenue

FILED SEP 13 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19 to , 19 Death is said I last saw h alive on , 19 to have occurred on the date stated above, at 4:42 m.

The principal cause of death and related causes of importance were as follows:

Probable Accidental Drowning

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 9/12, 1933

Where did injury occur? Pier Foot of E. Fallsway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Peterson M.D. M. D.
Coroner

(Address) 1205 N. Patterson Park Ave.

M. D. H. 1268-9 E 93550

E 93550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 13-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Lee

(a) Residence: No. 1921 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) March 17/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Bay Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John T. Lee
(Address) 1921 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/13 19 33

19. UNDERTAKER Mont J. Olde & Son
(Address) 631 N Gilmor

Filed SEP 13 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 10/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Shock-Ruptured Gastric Ulcer	9/9/33

Other contributory causes of importance:

Name of operation Gastro-enterostomy Date of 9/9/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Cain M. D.
Coroner

(Address) 508 E Monument

OCCUPATION is very important. See instructions on back of certificate.

E 93551

AaCo. 5-31 25M

E 93551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Alford St. 17-01 Ward)

Length of residence in city or town where death occurred ... yrs ... mos. 5 ds. How long in U.S. if of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Flora C. Brown

(a) Residence: No. 529 Alford St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jacob Brown

6. DATE OF BIRTH (month, day, year) Sept 20, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
✓	45	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME George R. Williams

14. BIRTHPLACE (city or town) (State or country) Md.

FATHER

15. MAIDEN NAME Rosie Duckett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jacob Brown 110 Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Date Sept 13 1933

19. UNDERTAKER Bernard Rumsey (Address) 518 Dundalk Ave.

20. FILED Sept 13 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933 to Sept 11, 1933 I last saw her alive on Sept 11 1933 death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Valvulitis	Not Known

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) W. F. Revell M. D.

(Address) 601 N. Carrollton Ave.

State cause of death in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 93552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93552

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Etting ST. 17-C1 WARD)

2-FULL NAME Luke Davis

(a) RESIDENCE NO. 1123 Etting ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Luke Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ethel Brown

(Address) 1123 Etting St

15 Filed Sept. 19, 1933 Hunting for Williams M.D. Registrar

R 151933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10-33

17 I HEREBY CERTIFY, That I attended deceased from 8-29, 1933, to 9-10, 1933, that I last saw him alive on 9-9, 1933, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal-vascular complications

(duration) yrs. unknown mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical, lab

(Signed) H. Marco Williams M. D.

9-11, 1933 (Address) 1830 Madeson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL Sept 14 1933

20 UNDERTAKER Mrs R. A. Elliott

ADDRESS 1129 N. Caroline St

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 93553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 W. Barre St. St., 22-01 Ward)

Length of residence in city or town where death occurred 20 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Chase.(C)

(a) Residence: No. 529 W. Barre St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXX Mary Chase.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary Chase.(C) wife.
(Address) 529 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Huntingtown Calvt Co. Md. Date Sept 14 1933

19. UNDERTAKER James Rodgers
(Address) 1st & W. Hill Sts Huntingtown Williams, Md.

20. FILED SEP 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) Clark Heinbuch Coroner, M. D.

9/11/33 (Address) 317 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 E 93554

E 93554

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

CITY OF BALTIMORE: (No. 1227 Ashland Ave (WARD) 9th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter B. Cosley

(a) RESIDENCE NO. 1227 Ashland Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 52 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Cosley

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Cosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline E. Thornton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bertha Cosley

(Address) 1227 Ashland Ave

15 FEB 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-11-33

17 I HEREBY CERTIFY, That I attended deceased from 9-7-, 1933, to 9-11, 1933

that I last saw him alive on 9-10, 1933

and that death occurred, on the date stated above, at 12 M a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Myocarditis

Terminal Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

9/12, 1933 (Address) 425 N. Caroline St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	9/14/33

20 UNDERTAKER Robert B. Williams ADDRESS 1515 N. Eden St

Important. See instructions on back of certificates.

M. D. B. 1268-32 E 93555 ✓ E 93555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital of Baltimore Inc — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Monument & Rutland Ave) 15 Ward 8

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Katz

(a) Residence: No. 2853 Boarman Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mert Katz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S Cohen
(Address) 2853 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va Date Sept 13 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED SEP 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1933 to Sept 13 1933

I last saw him alive on Sept 13 1933 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	9-7-33

Other contributory causes of importance:

Cardiac insufficiency
Arteriosclerosis
Diabetes Mellitus

Name of operation Appendectomy + Drain Date of 9-8-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Cohen M. D.

(Address) [illegible]

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

93556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93556

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital 1149-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-01 (Ward)

Length of residence in city or town where death occurred 5 yrs 11 mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Mary Hefferstay

(a) Residence: No. 1727 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Hefferstay

6. DATE OF BIRTH (month, day, year) April 20, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME George McNamee

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Anna Legle

16. BIRTHPLACE (city or town) Washington (State or country) D.C.

17. INFORMANT Herbert Hefferstay (Address) 1727 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 15 1933

19. UNDERTAKER J. Howard Evans (Address) 1100 E. Fairmount Ave. Baltimore, Md.

19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Sept 13, 1933

I last saw h.. alive on Sept 13, 1933 death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Childbirth	9-10-33

Other contributory causes of importance:

Post-operative Shock
Cardiac failure

Name of operation Caesarean Section Date of 9-10-33

What test confirmed diagnosis? Cl- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify .....

(Signed) D. M. Currie, M. D.

(Address) 20 E. Balto. Lexington

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93557

E 93557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME S. Milton Staley (Sylvester Milton Staley)

(a) Residence: No. Towson, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Higgins Staley

6. DATE OF BIRTH (month, day, year) August 17, 1851 (age 17-17-1850)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82 8.3	0	27 24 36	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner 18 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Estate in Towson, Md.

10. Date deceased last worked at this occupation (month and year) Sept. 33

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Frederick (State or country) Maryland

FATHER

13. NAME Wm. Alfred Staley

14. BIRTHPLACE (city or town) Maryland (State or country) Frederick County

MOTHER

15. MAIDEN NAME Mary Suzanne Shook

16. BIRTHPLACE (city or town) Maryland (State or country) Frederick County

17. INFORMANT Miss Hettie Hettie Staley
(Address) 2207 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Sept. 15, 1933

19. UNDERTAKER Jas. B. Cook
(Address) 1003 N. Baltimore St.

20. FILED Huntington Williams, M.D. Registrar.

P 131933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1933 to 9-13, 1933

I last saw him alive on 9-13, 1933 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	9-6-33
Other contributory causes of importance:	
Uremia	9-9-33

Name of operation ..... Date of .....

What test confirmed diagnosis? N. P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Barnes M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 93558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93558

CERTIFICATE OF DEATH.

186-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Baltimore City Hospital St. 4-01 Ward)

2-FULL NAME Edward James Prendergast

(a) RESIDENCE NO. 403 N. Fulton Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Ellen Prendergast

6 DATE OF BIRTH (month, day, and year) June 3, 1886

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
47	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York

(State or country)

PARENTS

10 NAME OF FATHER Edward James Prendergast

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant (Address) Mrs. Myrtle Ellen Prendergast 403 N. Fulton Ave.

15 Filed 13 1933 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Spine accidental fall down step-

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

9/12, 1933 (Address) 1305 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

Date of Burial Sept. 14 1933

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

very important. See instructions on back of certificate.

M. D. B. 1268-0

93559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93559

210-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St., (Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida F. Ross

(a) Residence: No. 840 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Ross

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesboro Virginia

FATHER

13. NAME Lee McCaulley

14. BIRTHPLACE (city or town) (State or country) Waynesboro, Va.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Clyde Ross
(Address) 410 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Staunton Va. Date Sept 13, 1933

19. UNDERTAKER John F. Weber
(Address) 401 Huntington Ave. Baltimore, Md.

20. DATE RECEIVED SEP 13 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/5, 1933

Where did injury occur? Intersection of 840 W Fayette St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pohany M. D.
Coroner

(Address) 2205 E Madison St

M. D. B. 1268

E 93560 ✓ E 93560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. No. Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Boulden

(a) Residence: No. 3308 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah B. Boulden

6. DATE OF BIRTH (month, day, year) April 9, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John T. Boulden

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Sarah B. Boulden
(Address) 3308 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet, Md. Date Sept 16, 1933

19. UNDERTAKER Chenoweth & Son
(Address) 3615-17 Chestnut Ave.

SEP 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1933, to September 13, 1933.

I last saw h[illegible] alive on September 13, 1933. Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructive Jaundice	4/1933
Gastric Hemorrhage	4/12/33
Carcinoma of Pancreas	1933

Other contributory causes of importance:

Obstructive Jaundice	7/1933
Gastric Hemorrhage	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) Milford H. Spiselman, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-33 E 93561 g. E 93561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., Hospital Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbur E. Warner

(a) Residence: No. 2745 Bernard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 8, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	8	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Wm E Warner

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Linda M. Shehane

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Wm E Warner
(Address) 2745 Bernard St

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date Sept. 14, 1933

19. UNDERTAKER Thos. Thos. & Sons
(Address) 3619-17 Eastern Ave.

20. FILED Sept 13 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 ... to ... 19 ...

I last saw h alive on inquiry, 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest Internal Injuries.	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/12, 1933

Where did injury occur? Remington Ave & 29th St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Run over by a concrete mixer truck while playing in

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Peterson M. D.
Coroner

(Address) 2222 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93562 E 93562

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Lakewood St. 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward P. Grese

(a) Residence: No. 2611 Lakewood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Grese

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Feth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis F. Grese
(Address) 2611 Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept 19, 1933

19. UNDERTAKER J. Vernon Lehnen
(Address) 312 Edmondson Ave

20. FILED Sept 19 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Sept 15 1933

I last saw him alive on Sept 15 1933 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Chronic Endocarditis	
Chronic Myocarditis	1932

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? Physical signs Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. B. Engelhardt M. D.
(Address) 1901 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

P 14 1933

M. D. B. 1268-9 E 93563

E 93563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S Wolfe st St., 2-41 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Schilling

(a) Residence: No. 610 S wolfe St St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	whire	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margaret Schilling

6. DATE OF BIRTH (month, day, year) June 26 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	16 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watch man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Pier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME U Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thos Schilling (son)
(Address) 610 S Wolfe st

18. BURIAL, CREMATION, OR REMOVAL
Place Marylands Memoral P Date Sept 15 1933

19. UNDERTAKER Mays Inter Inc.
(Address) 403 S Wolfe st

20. FILED SEP 14 1933 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1933 to Sept 12 1933

I last saw h[illegible] alive on Sept 12 1933 Death is said to have occurred on the date stated above, at 9.30PM

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy acute
Arterio-sclerosis (Ch)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas F Zeigler M. D.

(Address) 1007 E. Baltimore St.

M. D. B. 1268-9

E 93564

E 93564

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 N. Mount St. 15-01 (Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa J. Hammond

(a) Residence: No. 1809 N. Mount St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876.

7. AGE 57. Years	Months	Days	If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montgomery Co Md
(State or country)

FATHER

13. NAME Lewis Harkins

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Jane Parkins

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mabel Ross 1510 Pennsylvania Ave
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9/14 1933

19. UNDERTAKER Samuel T. Hemsley
(Address) 578 N. Pinkle St

20. FILED Sept 13 1933 Huntington Williams, Registrar.

P 141933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1933 to Sept 13 1933

I last saw h[illegible] alive on Sept 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 8
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo Collins M. D.

(Address) 1500 Pennsylvania Ave

Sept 13-33

OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268

E 93565

E 93565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521, Oxford St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William R. Ray

(a) Residence: No. 521 Oxford St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23/1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	8	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 010

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Robert Ray

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rachel Thomas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rachel Ray Green (Mother)
(Address) 521 Oxford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9/15 19 33

19. UNDERTAKER Samuel T. Hensley
(Address) 2-28 Druid Hill Ave

20. FILED SEP 1933 Registrar. Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 12/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10.10 m P.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Onset
Pulmonary Tuberculosis ? Hemo		

Other contributory causes of importance:

Name of operation none clinical Date of ...

What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jos H Carey M. D.
Coroner

(Address) 500 E North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93566

CERTIFICATE OF DEATH

94 E 93566

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N Monroe St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelmina H. Handley (Handley)

(a) Residence: No. 1118 N Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie E. Handley

6. DATE OF BIRTH (month, day, year) Dec. 30 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William H. Handley

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mc Manus

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Annie E. Handley

(Address) 1118 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9/15 1933

19. UNDERTAKER Wm Cook & Son

(Address) 1217 N Gay St

Filed ... 19... Registrar.

SEP 14 1933 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to Sept 12 19 33

I last saw h... alive on Sept 13 19... Death is said to have occurred on the date stated above, at 5.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	1 day
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 93567 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93567

53

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Ashmore

(a) Residence: No. 3817 Ridgewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Ada L. Ashmore

6. DATE OF BIRTH (month, day, year) Sept 6th 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Bros Glass Business

10. Date deceased last worked at this occupation (month and year) ~~X~~

11. Total time (years) spent in this occupation ~~X~~

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Ashmore

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha Snyder

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Ada Ashmore

(Address) 3817 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 16th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

SEP 14 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/12/ 1933 to 9/13/ 1933

I last saw h[illegible] alive on 9/12/33 1933 Death is said to have occurred on the date stated above, at 2:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	1927
Other contributory causes of importance: Shock (Post operative)	

Name of operation Electrosurgical removal Date of 9/12/33 No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. B. Richardson M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 93568

E 93568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 132 E Randall St 21st WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Trueman Hall

(a) RESIDENCE NO. 132 E. Randall ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 mos mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28, 1933

7 AGE: Years — Months — Days 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baeto, Md.

PARENTS

10 NAME OF FATHER Houston B. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baeto, Md

12 MAIDEN NAME OF MOTHER Edna Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lynchburg, Va

14 Informant (Address) Anna Dunnigan 128 E. Randall

15 Filed 1933 15 Huntington Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13, 1933

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept 13, 1933

that I last saw her alive on Sept 13, 1933

and that death occurred, on the date stated above, at 6.20 p.m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Walter Kohn M. D.

19 (Address) 102 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A.A. Cem

DATE OF BURIAL: 9/15 1933

20 UNDERTAKER: Charles L Stevens

ADDRESS: 1501 E Fort Ave

ATION is very important. See instructions on back of certificates.

M. D. E 93569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M E 93569

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-A Ward)

Length of residence in city or town where death occurred 9 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John V. a Balladarosch Jr

(a) Residence: No. 1725 McKean Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John V Balladarosch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Carrie Meisler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Carrie Balladarosch

(Address) 1725 McKean Ave

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date Sept 16 1933

19. UNDERTAKER John Weirich

(Address) 2200 Eastern Ave

Baltimore Md

SEP 14 1933 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 19 to Sept 19

I last saw him alive on Sept 13 19 Death is said to have occurred on the date stated above, at 12.05 A.M.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9.10, 1933

Where did injury occur? Fallsway & Monument St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was riding in collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Monument St

Spec.—9-30—A. & Co.—250 Blks

E 93570

E 93570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 120

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7610 Rittenhouse St. 25-01 WARD)

2-FULL NAME Pearl B Beabfeld

(a) RESIDENCE NO. 7610 Rittenhouse St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 14 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John B Beabfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Lillian Bloch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): John B Beabfeld 7610 Rittenhouse

15 Filed SEP 14 1933 16 Recorded Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 12 33

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933 to Sept 12, 1933

that I last saw h alive on Sept 12, 1933

And that death occurred, on the date stated above, at 2-50 P m.

The CAUSE OF DEATH* was as follows:

Enteritis acute

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. M. Kiefer M. D.

Sept 13 1933 (Address) 1010 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Sept 14 1933

20 UNDERTAKER: Martin J Conroy

ADDRESS: 1102 Forrest

TION is very important. See instructions on back of certificates.

E 93571

M. D. B. 1268-9

E 93571

276039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 20-01 St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Taylor

(a) Residence: No. 2035 Eagle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/24/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	3	18/9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Alice Sassey.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 9/15/ 1933

19. UNDERTAKER Lobe Funeral Home
(Address) 921 Eutaw St.

20. FILED SEP 14 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th, 1933, to Sept 12, 1933

I last saw him alive on Sept 12, 1933. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 19
Emphysema	yrs
Cirrosis liver	yrs

Other contributory causes of importance:

Emphysema Cirrosis liver

Name of operation Intestinal resection Date of Sept 12

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carmichael Oliphant M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks. E 93572 E 93572

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Dudley Ave ST. 26-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Zeitler Taylor

(a) RESIDENCE NO. 3337 Dudley Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND of or) WIFE of John Taylor

6 DATE OF BIRTH (month, day, and year) March 17th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Zeitler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Bavaria

12 MAIDEN NAME OF MOTHER Margaret Petroff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Germany

14 Informant Jane Elizabeth Butt

(Address) 3337 Dudley Ave

15 Filed ..... 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 13th, 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1931 to Sept 13th, 1933.

that I last saw h[illegible] alive on Sept 13th, 1933;

and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic heart disease (duration) 5-10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History. Sudden death.

(Signed) Louis P. Gundry, M. D.

Sept 13 1933 (Address) 3005 31st St. Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL Sept 16 1933

20 UNDERTAKER Edw. D. Lilly

ADDRESS 403 S Wolfe

M. D. H. 1268-9

E 93573

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93573

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 14-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Geraghty

(a) Residence: No. Fort Howard St., Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Sept 11-1933

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Michael John Geraghty

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Helen Elizabeth Ryan

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 14, 1933

19. UNDERTAKER John A. Moan
(Address) 3 Hoop E. Baltimore St.

20. FILED Huntington Williamsburg Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933 to Sept 13, 1933

I last saw h.. alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a) Congenital Anomaly -	
b) Three Chamber Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) John E Murray M.D.
(Address) 4 Fort Chase St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12684

E 93574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93574

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 87-01 Ward)

Length of residence in city or town where death occurred 3 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Russell

(a) Residence: No. 408 W. Mulberry St., Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Samuel Russell

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

17. INFORMANT (Address) Friends Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date Sept 14 1933

19. UNDERTAKER (Address) Towell & Byers Inc 2904 Edmondson Ave Balto

20. FILED Sept 14 1933 By Huntington Williams Dep. Registrar

P 141933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1933 to Sept 12 1933

I last saw her alive on Sept 12 1933 Death is said to have occurred on the date stated above, at 11.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Ulcerative colitis	2 wks.

Other contributory causes of importance: Heart disease, arteriosclerosis ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) I D Magee M. D.

(Address) Balt. City Hosp

M. D. B. 1268-9 E 93575

E 93575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 W.Saratoga St. 90-01 Ward)

55

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia S.Wuster

(a) Residence: No. 1813 W.Saratoga St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James B.Wuster

6. DATE OF BIRTH (month, day, year) Feb. ~~X~~ 14, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A.A.County
(State or country) Md.

FATHER

13. NAME John P.Ward

14. BIRTHPLACE (city or town) A.A.County
(State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Whittington

16. BIRTHPLACE (city or town) A.A.County
(State or country) Md

17. INFORMANT Morgan A. Wuster
(Address) 1813 W.Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date Sept 15 1933

19. UNDERTAKER Robert L Little
(Address) 2700 Edmondson Ave.

20. FILED SEP 14 1933 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Sept 13/33 1933
I last saw h~~er~~ alive on Sept 13/33 1933 Death is said to have occurred on the date stated above, at 1.30 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardetis	June 1/33

Other contributory causes of importance:

Myocardetis	June 1/33

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter L Shilett M. D.
(Address) 2220 Garrison Blvd

Spec.—9 30—A. & Co.—250 Bks.

E 93576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93576

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N Spring St. 5-01 WARD)

2. FULL NAME Wm Long

(a) RESIDENCE NO. 11 N Spring St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nancy Long

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Appx 50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business or establishment in which employed (or employer) Construction

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Nancy Long (wife) 11 N Spring St

SEP 14 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1933

17

I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933 to Sept 11, 1933

That I last saw h~~im~~ alive on Sept 11, 1933

and that death occurred, on the date stated above, at 8.16 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Probably 1 wk & (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. J. Yerby M. D.

9/12/33 (Address) 1429 E Monument

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury — DATE OF BURIAL Sept 14-1933

20 UNDERTAKER Wendell E Dippel — ADDRESS 300 S. Eden St.

FOR IS very important. See instructions on back of certificate.

E 93577

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93577

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 9-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. if of foreign birth? 54 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Christine Yeager

(a) Residence: No. Middle River St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE W. Frank Yeager

6. DATE OF BIRTH (month, day, year) Oct. 10 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James A. Hanna

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary L. Seitz

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. W. Frank Yeager
(Address) Middle River, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Sept. 15th 1933

19. UNDERTAKER Henry Stock Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED ..... 19..... Registrar.

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12 1933

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1933 to Sept. 12 1933
I last saw her alive on Sept. 12 1933 death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis - general	?
2. Hypertension	?
3. Cerebral hemorrhage	9-9-33
Other contributory causes of importance:	
U. G. carcinoma (Uterus)	9-1-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Mansueller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

E 93578

93578

M. D. B. 1268-9

2767 63

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 54-005

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm F Reich

(a) Residence: No. Clermont R-7-D-1 St., — Ward. N Car
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year) 6-12-86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N Car

MOTHER FATHER

13. NAME Wm Reich

14. BIRTHPLACE (city or town) (State or country): N Car

MOTHER

15. MAIDEN NAME Selina Walker

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Concord Church A.C. Date Sept 14, 19 33

19. UNDERTAKER John G. Mitchell & Son
(Address) 1700 Eutaw Place

20. FILED Sept 14 1933, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933 to Sept 14, 1933

I last saw him alive on Sept 14, 1933 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

(1) Pituitary tumor - adenoma.

Date of onset .....

Other contributory causes of importance:

Patient died 13 hours after operation - shock and cardiac collapse

Name of operation Removal Pituitary Tumor Date of 9-3-33

What test confirmed diagnosis? X ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J A Abercrombie, M. D.

(Address) J Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93579

93579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Curtis

(a) Residence: No. 1616 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Ella Curtis

6. DATE OF BIRTH (month, day, year) May 1/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

FATHER

13. NAME Ullysess Curtis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Thomas Curtis 1616 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cemetery Date Sept 16 '33

19. UNDERTAKER Thomas E Kelson (Address) 1305 Pressman st

SEP 14 1933

Huntington Ave., MD

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 13/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-Toxemia	
Intestinal Obstruction	??
Other contributory causes of Importance:	
Mesenteric Abcess	??

Name of operation Drainage Date of Sep 12

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John H Green M. D.

(Address) 506 E North Ave Coroner

M. D. B. 1268-9

✓ E 93580

E 93580 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

191

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Coyle

(a) Residence: No. 1307 Winchester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Amelia Coyle

6. DATE OF BIRTH (month, day, year) 11/26/1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	9	16/17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME William Coyle

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Molly Wheeler

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Orley Bottles

(Address) 1307 Golden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Sept 15 1933

19. UNDERTAKER Thomas E Kelson

(Address) 1303 Preston St.

SEP 14 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/8/33, 19 to 9/12/33, 19

I last saw him alive on 9/12/33. Death is said to have occurred on the date stated above, at 2 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	9 hrs.
Other contributory causes of importance: Cardiac Decompensation	9 hrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Laboring on ~~work~~ dock

(Signed) Raymond F. Hilferd M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93581

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 7-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....dy.

2. FULL NAME Louise Baumgartner

(a) Residence: No. 717 N. Collington Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of J. Albert,

6. DATE OF BIRTH (month, day, year) Aug 24 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George Schauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Nursch

(Address) 3210 Elgin ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pres-Cathedral Date Sept 15, 1933

19. UNDERTAKER Martin H. E. Dippel Inc

(Address) 37 S Amity St

20. FILED SEP 16 1933 19.. Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1933, to Sept. 12, 1933

I last saw h.. alive on Sept 17, 1933. Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, acute	
Arteriosclerosis	
Hypertension	
Myocardial failure.	
Other contributory causes of importance:	
Bronchopneumonia	Aug 28, '33
Intestinal obstruction.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) David H. Andrews. M. D.

(Address) Church Home & Infirmary.

Spec—B 30—A & Co—2M—Bk E 93582 ✓ E 93582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Druid Hill Ave ST. 7 WARD)

2-FULL NAME Martha Gatlin

(a) RESIDENCE NO. 1334 Druid Hill Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Gatlin

6 DATE OF BIRTH (month, day, and year) Oct 1 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69		11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston S. C.

PARENTS

10 NAME OF FATHER Charles Alston

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Rose Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant Rose B. Black
(Address) 1334 Druid Hill Ave

15 Filed SEP 14 1933 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/33

17

I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1933, to Sept. 12, 1933

that I last saw her alive on Sept. 12, 1933

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H. Tompkins M. D.

9/13/33 (Address) 1012 N. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Sept 14, 1933

20 UNDERTAKER Archibald C. Gaddis

ADDRESS 210 McCulloh St

FOR IMPORTANT INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 93583

HEALTH DEPARTMENT—CITY OF BALTIMORE

93583

CERTIFICATE OF DEATH

66-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. 15-01 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 72 yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Goodman Filtzer (BLOOM)

(a) Residence: No. 2513 Rock Rose Ave St. Ward. 15

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Wilbur Filtzer

6. DATE OF BIRTH (month, day, year) 10-5-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 8-33

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harris Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah Lipsitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wm. Filtzer

(Address) 2513 Rock Rose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Hebrew Date 9/14/33

19. UNDERTAKER Jack Levin Sons

(Address) 1439 E. Balto St

20. FILED SEP 14 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1933 to 9-13, 1933

I last saw her alive on 9-13, 1933 Death is said to have occurred on the date stated above, at 2:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	8-32
Other contributory causes of importance: Post-operative pulmonary and pleural edema	9-12-33 (approx)

Name of operation Hysterectomy, total Date of 9-12-33

What test confirmed diagnosis? E.K.G. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. W. Booth, Seattle, M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-9 E 93584 ✓ E 93584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dept of Corrections St., 12-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John West

(a) Residence: No. 343 E 24th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia West

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept of Corrections

10. Date deceased last worked at this occupation (month and year) 9/2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Lydia West (Address) 343-24 St

18. BURIAL, CREMATION, OR REMOVAL

Place Port Funeral Home Date 9-15, 1933

19. UNDERTAKER George T. A. Gibson (Address) 1733 Harrison St Huntingtown Terrace Md

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of Great Vessels of Neck

Homicide

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9/10, 1933

Where did injury occur? Md House of Correction
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Cut by Razor

Nature of injury Hemorrhage of Arteries

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. H. 1268-9 E 93585 ✓ E 93585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5013 Eugene Ave St. 27-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius J. Powell

(a) Residence: No. 5013 Eugene Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. Janet Powell

6. DATE OF BIRTH (month, day, year) Mar 24/1879

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.B. & A. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md

FATHER

13. NAME Wm. P. Powell

14. BIRTHPLACE (city or town) (State or country) Easton, Md

MOTHER

15. MAIDEN NAME Evelyn Johnson

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT J. Horace Powell
(Address) 419 Calvin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Memorial Park Date 9-14 1933

19. UNDERTAKER Leonard H. Pugh
(Address) 2021 Harford Rd.

SEP 14 1933 19 ... T. ... Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 13/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above before 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Bacon M. D.
Coroner

(Address) 508 E Dover

M. D. B. 1268-9

E 93586

93586
27648 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Butler

(a) Residence: No. 883 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-20-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Mitchell Butler

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Sarah Buck

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Sept 14, 1933

19. UNDERTAKER

(Address) ~~Huntington Williams, Md~~

14 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933 to Sept 9, 1933

I last saw h. im alive on Sept 9, 1933 Death is said to have occurred on the date stated above, at 10 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	7 da.
Bronchopneumonia	7 da.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Janka H Warkany M. D.

(Address) Johns Hopkins

E 93587

MD B C S

276486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Butler

(a) Residence: No. 883 Bayd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-20-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Mitchell Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Buck

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jas Med College Date Sept 14 1933

19. UNDERTAKER
(Address) Huntington Williams, N.Y.

20. FILED SEP 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1933 to Sept 8 1933

I last saw him alive on Sept 8 1933. Death is said to have occurred on the date stated above, at 150 A m.

The principal cause of death and related causes of importance were as follows:

Acute Nutritional Disturbance (Diagnosis of onset)

Bronchopneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A. Washington, M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93588 E 93588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 4-06 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Holloway

(a) Residence: No. 327 Clay Alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Durham
(State or country) North Carolina

FATHER

13. NAME Buck Holloway

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Mary Willis

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. Cem. Md Date Sept 10th 19 33

19. UNDERTAKER [illegible]
(Address)

FILED Sep 14 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to Sept. 8 1933

I last saw him alive on Sept. 8 1933 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1930
Other contributory causes of importance:	
Bronchial asthma	Feb. 1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

93589 ✓ E 93589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 17-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Johnson

(a) Residence: No. 917 St. Barnabas Ct. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Johnson

6. DATE OF BIRTH (month, day, year) Aug. 21, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Zack Johnson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Mariah ?

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emerson's & Md Date Sept. 1933

19. UNDERTAKER Dan Wiseman Baltimore

(Address)

SEP 14 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1933, to Sept. 9, 1933

I last saw him alive on Sept. 9, 1933. Death is said to have occurred on the date stated above, at 4.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Milary tuberculosis	June 1933
Other contributory causes of importance:	
Tuberculous peritonitis	March 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. F. 1268-9

E 93590

93590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred : in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 5-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Gernert

(a) Residence No. 1109 Fagnill St., Ward.
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Gernert

6. DATE OF BIRTH (month, day, year) Aug 2, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Gernert

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rel (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Sept 14, 1933

19. UNDERTAKER

(Address)

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1933 to Sept 9, 1933

I last saw h alive on Sept 9, 1933 Death is said to have occurred on the date stated above, at 1 1/3 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease arteriosclerotic	?
Congestive Heart failure	?
Nephritis Chronic	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Fraser M. D.

(Address) Balt City Hosp.

M. D. B. 1268-9

93591

E 93591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Schaub

(a) Residence: No. 832 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12 1872

7. AGE: Years 61 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Schaub

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Sept 14 1933

19. UNDERTAKER (Address)

20. FILED SEP 14 1933 Huntington Wilkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932 to Sept 12, 1933

I last saw him alive on Sept 12, 1933 Death is said to have occurred on the date stated above, at 11 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	?
Aneurysm of descending aorta	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magee M. D.

(Address) Balt. City

M. D. B. 1268-9

E 93592

93592 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 1-01 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta McGee

(a) Residence: No. 7012 Elwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) July 12 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME James Henry

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Helen Kreidler

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Friends
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Universal & Md Date Sept 14 19 33

19. UNDERTAKER .....
(Address)

FILED SEP 14 1933 Director of Public Health Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1931 to Sept 10, 1933

I last saw her alive on Sept 10 1933 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	3 yrs ?
Uterine Cancer	
Chronic Nephritis	3 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Riegel M. D.

(Address) Balt. City Hosp.

M. D. H. 1268-9

E 93593 ✓ E 93593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Newgate Grundy St., 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Price

(a) Residence: No. 3, Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)			
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tob
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Sept 14, 1933

19. UNDERTAKER Dennis & Co
(Address)

20. FILED ... 19 ... Registrar.

SEP 14 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner

(Address) 1302 N. 12th

M. D. B. 1268-9

93594 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93594

CERTIFICATE OF DEATH

78

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital. St., 14-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Anna Long.

(a) Residence: No. 1511 Ramsay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~XXXXXXXXXXXX~~ ~~XXXXXXXXX~~ (or) WIFE of William F. Long.

6. DATE OF BIRTH (month, day, year) November 21, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Meier.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Engel.

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md,

17. INFORMANT William F. Long. (husband)
(Address) 1511 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept 16 1933

19. UNDERTAKER Robt. B. M. Walters
(Address) 2250 Pennsylvania Ave

20. FILED SEP 12 1933 19 Registrar 9/14/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, 4.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of abscess of the brain.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Autopsy Hospital Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) 1917 E. Charles St. 9/14/33

AACo. 5-41 250B

93595 ✓ E 93595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Hollins St St., 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Showacre

(a) Residence: No. 1510 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Josiah L Showacre
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Sophia E Barnes
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Carrie Showacre
(Address) 1510 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Ave Date Sept 16, 1933

19. UNDERTAKER Geo E Beyer Jr
(Address) 15 Reisterstown Rd Huntington Williams, Inc

12 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-13, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1933 to Sept 13, 1933
I last saw h alive on Sept-12 1933 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	2.
Mitral Stenosis	2.
Myocarditis	2.
Other contributory causes of importance: Diabetes Mellitus	2
Pulmonary Oedema	9/11/33

Name of operation None Date of
What test confirmed diagnosis? Symptoms & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L Kopelman M.D.
7/14/33 (Address) 721 Medical Arts Bldg

M. D. B. 1268-9

9:3596

HEALTH DEPARTMENT—CITY OF BALTIMORE

9:3596

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 126

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Wm H. Bell (Sarah)

(a) Residence: No. Stewarts Town Penn, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced (or) WIFE of Wm H Bell deceased

6. DATE OF BIRTH (month, day, year) Nov. 30 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 4-10 33

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John Grove.

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs Thomas Grove Steindel

(Address) 4023 Batteman Ave. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Newark Town Co Date Sept. 19 19 33

19. UNDERTAKER Hollenberg Bros

(Address) New York, Co.

20. FILED Huntington Pittsburgh 19 33

SEP 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to Sept 14, 1933, last saw h.e.r. alive on Sept 14th, 1933. Death is said to have occurred on the date stated above, at 10:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure.	9-14-33
Other contributory causes of importance:	
Cholecystitis	9 30
Cholelithiasis	"

Name of operation Cholecystectomy Date of 9-2-33

What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Kolan, M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-6

E 93597

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93597

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Prager

(a) Residence: No. 2806 Presbury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ India Prager

6. DATE OF BIRTH (month, day, year) Sept 12th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs India Prager (wife)
(Address) 2806 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Sept 16th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED SEP 15 1933 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept 14, 1933.

I last saw h.im. alive on Sept 14, 1933. Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic nephritis	1923
Chronic cardiac degeneration	1925
Pulmonary edema	10 days ago
Acute myocardial failure	10 days ago.
Other contributory causes of importance:	
Hypertrophied prostate	1929

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howard Stackhouse Jr. M. D.
(Address) University Hospital

Spec.—12-9-25—A Co.—200 Blks.

E 93598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

v 46 E 93598

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

2-FULL NAME Ellen Baker

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Baker

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 71? Months: Days: IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Cumberland, Maryland

PARENTS

10 NAME OF FATHER Michael Coleman

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Johanna McGurian

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Sister Stanislaus Supt.

(Address) 1200 Valley St. city

15 Filed SEP 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1933

17 I HEREBY CERTIFY, That I attended deceased from June 31, to Sept 4, 33,

that I last saw h.. alive on Sept 3, 33,

and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) L. McCosker, M. D.

9/14 1933 (Address) 1114 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Date of Burial 9-15 1933

20 UNDERTAKER: Bida Wadsfeld ADDRESS 904 Fremont Ave

very important. See instructions on back of certificates.

M. D. B. 1263-9

E 93539

93539

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-81 Ward)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Sweeney

(a) Residence: No. 2737 W. Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word).
Male	White	~~Single~~ Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Sweeney

6. DATE OF BIRTH (month, day, year) Nov 18, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway

10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. J. Sweeney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Stallings

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. James M. Sweeney

(Address) 2737 W. Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 9/16/ 1933

19. UNDERTAKER Harry F. Mitzke

(Address) 410 E Monument St ave

20. FILED ..... (Registrar)

SEP 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1933, to 9-13, 1933

I last saw him alive on 9-13, 1933 Death is said to have occurred on the date stated above, at 4:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	?
Other contributory causes of importance:	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93600 E 92690

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Brentwood St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Lena Moeller

(a) Residence: No. 2014 Brentwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George A. Moeller

6. DATE OF BIRTH (month, day, year) Oct 2 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Henry Ebert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Hertsen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Georgia Moeller
(Address) 2014 Brentwood

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Sept 15 1933

19. UNDERTAKER J. Thurgood Tomes
(Address) Robert Penn Huntington Williamsburg Va

20. FILED SEP 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Aug 29, 1933 to Sept 12 1933

I last saw her alive on Sept 12 1933 Death is said to have occurred on the date stated above, at 11 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	3 mos
Myocardial degeneration	3 mos

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. Scott Eyler M. D.

(Address) 2470 Orleans Blvd

M. D. B. 1268-9

93601 E 93601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Clifton Ave St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Lunetta Powers

(a) Residence: No. 3113 Clifton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry George Powers

6. DATE OF BIRTH (month, day, year) January 1-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Cedar Rapids Iowa

FATHER

13. NAME Loyes Swanson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Martha A ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs H. J. Powers

(Address) 3113 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Rochelle N Y Date Sept 15, 1933

19. UNDERTAKER H. J. Justice & Sons

(Address) Baltimore Md

SEP 15 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15-th 1933, to Sept 14-th 1933

I last saw her alive on Sept 14, 1933. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Vascular Renal Disease - a Colitis	
Other contributory causes of importance: Senility	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Byerly M. D.

(Address) 3548 W North Ave

Spec.—9-30—A. & Co.—250 Blks.

93602 HEALTH DEPARTMENT—CITY OF BALTIMORE 93602

CERTIFICATE OF DEATH

23

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 203 Henrietta St. 7-01 WARD)

2-FULL NAME Joseph Benjamin Smalls

(a) RESIDENCE NO. 203 Henrietta St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Lizzie Smalls

6 DATE OF BIRTH (month, day, and year) Exactly unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Appx 36	-		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Construction Gang
(c) Name of employer: Jamestown S.C.

9 BIRTHPLACE (City or town) (State or country): S.C.

PARENTS

10 NAME OF FATHER: Moses Smalls.
11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.
12 MAIDEN NAME OF MOTHER: Anna ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant (Address): Lizzie Smalls wife of 203 Henrietta St

15 Date received SEP 15 1933 Registrar: Washington to Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13, 1933

17 I HEREBY CERTIFY, That I attended deceased from May 1933 to Sept 13 1933
that I last saw h[illegible] alive on Sept 13th 1933
and that death occurred, on the date stated above, at 7.05 A.M.

The CAUSE OF DEATH* was as follows:

Pulm T.B.C.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ... occassional Pulm. Hemmorhages
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clynical

(Signed) R Tyring M. D.
Sept 13 1933 (Address) 1414 E Monument St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U.S.A. National Cemetery — DATE OF BURIAL: Sept. 15 1933

20 UNDERTAKER: Wendell J Dippel — ADDRESS: 3008 Eden

M. D. B. 1268-9

E 93603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93603

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Helen Home for Aged St. 107-01 Ward) Lewndale

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zeise Sarotsky

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Fenblatt

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Seymour Belvedere & Greenspring
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Date 9/16/33 19

19. UNDERTAKER Levy Funeral Home
(Address) 1433 E Baltimore St

Registered SEP 15 1933

Wilkens, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933 to Sept 14, 1933
I last saw h[illegible] alive on Sept 14, 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-11-33
Hypertension	

Other contributory causes of importance:
Cataract right eye

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edmund Levy M. D.

(Address) Levindale

E. 93604

M. D. B. 1268-a

93604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Thirty-third St. 12-01 Ward)

Length of residence in city or town where death occurred 53 yrs. 3 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Douglas Thomas

(a) Residence: No. 2739 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Douglas Thomas

6. DATE OF BIRTH (month, day, year) June 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) Sept. 1933

11. Total time (years) spent in this occupation. ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Nelson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Douglas Thomas

(Address) 2739 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Sept 15, 1933

19. UNDERTAKER John A. Utterback & Sons

(Address) 1712 Eastern Ave.

20. FILED SEP 15 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1933 to ..... 19.....

I last saw him alive on Sept. 13, 1933. Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	9-13-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Barbudo M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

Kirschner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93605

CERTIFICATE OF DEATH

E 93605

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Ramsey St. 21-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Kirschner

(a) Residence: No. 712 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Kirschner

6. DATE OF BIRTH (month, day, year) Sept. 9, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Hausman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Christina Hatchel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles Kirschner

(Address) 1188 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 9/16 19 33

19. UNDERTAKER Frederick A. Orlo

(Address) 1200 W. Lombard St.

20. FILED SEP 15 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1. 1933 to Sept 13. 1933

I last saw h[illegible] alive on Sept. 12. 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation.	
Other contributory causes of importance:	
Chronic Int. Nephritis	3 yrs.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1263-9

93606 HEALTH DEPARTMENT—CITY OF BALTIMORE 93606

93606 27674 Ost.

CERTIFICATE OF DEATH

146

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 6-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 6m yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Tolliver

(a) Residence: No. 4287 N. Register St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Tolliver

6. DATE OF BIRTH (month, day, year) Oct. 6 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Cunningham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 1. 15. 1933

19. UNDERTAKER Mrs J. E. Lucas

(Address) 1302 Jefferson St Washington Williams

20. Filed SEP 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1933, to Sept. 2, 1933

I last saw her alive on Sept. 2, 1933. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

eclampsia - puerperium — Date of onset 9/12/22

Other contributory causes of importance:

hypertension (chronic?) — ?

chr syphilis — ?

Name of operation Bilateral tubal ligation Date of 1/12/33

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harold L. Stout M. D.

(Address)

Spec.—9-30—A. & Co.—250 Bks

E 93607

93607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 107-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. 70-64 WARD)

2 FULL NAME William J. Chew

(a) RESIDENCE NO. 220 Church Lane ST. Pikesville, Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bar-Anna S. Chew

6 DATE OF BIRTH (month, day, and year) 5-14-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Broker 016
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER Benj. F. Chew.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Christina Rolke
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Anna S. Chew
(Address) 220 Church Lane. Pikesville

15 5 1933 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14th 1933

17
I HEREBY CERTIFY, That I attended deceased from 9-13 , 1933 , to 9-14 , 1933
that I last saw h[illegible] alive on 9-14 , 1933
and that death occurred, on the date stated above, at 11.15 p m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Signs

(Signed) Robert W. Adkinson M. D.
. 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem.	Sept 18 1933
20 UNDERTAKER Wm. J. Rickert & Sons	ADDRESS North & Pa

E 93608

M. D. B. 1268-9

93608
276524
Ural

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V51

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

La.

2. FULL NAME John Malloy

(a) Residence: No. 2313 Bank St., New Orleans, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) May 21, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. harness maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME William Malloy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Grinnion

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Orleans La. Date 9/15/33 19

19. UNDERTAKER Joseph Abrens
(Address) 224 Burgundy St New Orleans La

SEP 15 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4-, 1933 to Sept. 14, 1933

I last saw him alive on Sept. 14, 1933. Death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 9-14-33

Other contributory causes of importance:

Bladder Tumor

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh A Young M. D.

(Address) .....

M. D. B. 1268-9

E 93609

93609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 Mt Royal Av St. W-el Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances M. McDonnell

(a) Residence: No. 1439 Mt. Royal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Blanche M. Horton

6. DATE OF BIRTH (month, day, year) Aug. 19, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Business 645

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John J. McDonnell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Alice Snyder

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Blanche M. McDonnell
(Address) 1439 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept. 16, 1933

19. UNDERTAKER Martin Fahey & Sons
(Address) 1847 W. North Ave.

20. FILED 15 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1933 to Sept 13th, 1933

I last saw him alive on Sept 13th, 1933. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9/1932
— —	
Other contributory causes of importance:	
Chronic Intestinal Ailment	7/1933

Name of operation ... Date of ...

What test confirmed diagnosis Bacteriology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Rawlston M. D.

(Address) 1701 E. Fulton Avenue

M. D. B. 1268-9

E 93610

93610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Rennert St., 4-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George R. Kolb

(a) Residence: No. Hotel Rennert St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Aug. 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	72	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Life Ins. Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John A. Kolb

14. BIRTHPLACE (city or town) (State or country) Not obtainable " "

MOTHER

15. MAIDEN NAME Mary A. Snyder

16. BIRTHPLACE (city or town) (State or country) Not obtainable "

17. INFORMANT Frederick Green

(Address) 10 South Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date 9/16 19 33

19. UNDERTAKER Henry H. Mears and Son for H. Calvert Sons

(Address) [illegible] Registrar.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1933, to Sept 13, 1933

I last saw h[illegible] alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Chronic Arterial Hypertension	
Hemiplegia Cerebral Hemorrhage	Jan 25 1933

Other contributory causes of importance:

Terminal Bronchopneumonia	9-30 1933

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carroll Lockard M. D.

(Address) 4 E Preston St.

M. D. B. 1268-9

E 93611

93611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Moerken

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 19, 1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Engelhardt Eckandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 16, 1933

19. UNDERTAKER Joseph A. Cook
(Address) 1005 W. Baltimore St.

Huntington Williams, Registrar.

SEP 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5 1933 to Sept 13 1933

Last saw her alive on 9/13, 1933 Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis. 7
Chronic Myocarditis
Senile Asthenia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ellen Heuisler M. D.

9/15/33 (Address) 2000 Hollins St.

M. D. B. 1268-9

✓ E 93612

HEALTH DEPARTMENT—CITY OF BALTIMORE

93612 ✓ D

CERTIFICATE OF DEATH

× 119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 7-C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Lulie

(a) Residence: No. [redacted] Charles St Brooklyn, Md Ward. 1+2+6.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 13, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elmer Lulie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Enid M. Heese

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Sept 18th 1933

19. UNDERTAKER Wm Cook
(Address) 437 E Pratt St Huntington Williams, Md

15 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7th 1933 to Sept. 15th 1933

I last saw h. alive on Sept 15th 1933 Death is said to have occurred on the date stated above, at 12 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Diarrhea	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins

AACo. 5-31 250B

93613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93613

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. (8-01 Ward)

CITY OF BALTIMORE: (No. ..... St.) 8-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles W. Jackson (Retired)

(a) Residence: No. 1715 North Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Jackson

6. DATE OF BIRTH (month, day, year) June 24, 1891

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	42	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Iron Works

10. Date deceased last worked at this occupation (month, day, year) Dec. 1927

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Susan R. Hodgson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Minnie Jackson
(Address) 1715 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Sept. 18, 1933

19. UNDERTAKER J. M. Cook
(Address) 1918 E. Fayette St

20. DATE 15 1933, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1933 to September 14, 1933

I last saw h. alive on September 14, 1933 death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic fever,	
2. Endocarditis - chronic - valvular - chronic myocardial degeneration	
Other contributory causes of importance:	
Congestive heart failure	
C. P. C. of lower lungs.	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

M. D. B. 1268-9

E 93614

HEALTH DEPARTMENT—CITY OF BALTIMORE

93614

93-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 E 33rd St. 29-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F. Watson

(a) Residence: No. 1702 E. 33rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Margaret

6. DATE OF BIRTH (month, day, year) June 17 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer Retail Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm C Watson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Ballard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Margaret Watson

(Address) 1702 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 18 1933

19. UNDERTAKER Wellings & Co

(Address) 1247 St Paul St

Registrar.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1932 to September 14, 1932

I last saw h[illegible] alive on September 4, 1933 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis. hypertension	
hemiplegia, left	Aug 1932
coronary thrombosis + pulm. embolism	Aug 1932
subacute myocarditis	1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. + clin. methods Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frankl. Smith, Jr. M. D.

(Address) 9211 Calvert Street.

M. D. B 1265-0

93615 ✓ E 93615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Elizabeth Greenwood

(a) Residence: No. Edmondson City St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucas Greenwood

6. DATE OF BIRTH (month, day, year) April 6 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va

FATHER

13. NAME Joseph Hoff

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Dora Lisk

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date Sept. ..., 1933

19. UNDERTAKER Gustav Sons
(Address) Edmondson Ave.

20. FILED SEP 15 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 14 1933. to September 15 1933.
I last saw her alive on Sept. 15 1933. Death is said to have occurred on the date stated above, at 7 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
osteomyelitis of bones of both feet.	

Other contributory causes of importance:
Diabetes mellitus
nephritis
Gas gangrene left leg.
Incision + drainage - Date of 9-12-33
Name of operation Laser amputation - Date of 9-14-33

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, In home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Howard Stackhouse Jr. M. D.
(Address) University Hosp.

SEP 15 1933

E. 93616

E. D. B. 1265-6

93616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E. 93616

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 1907

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwina Rose Quinn

(a) Residence: No. Cockeysville Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

7. DATE OF BIRTH (month, day, year) Oct 6, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville, Maryland

13. NAME Edwin Albin Ann

14. BIRTHPLACE (city or town) (State or country) Butler, Maryland

15. MAIDEN NAME Mary Joseph Hodges

16. BIRTHPLACE (city or town) (State or country) Cockeysville Maryland

17. INFORMANT Mrs. E. A. Ann
(Address) Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Falls Road Chapel Date Sept 17 1933

19. UNDERTAKER Wm C Brooks & Son
(Address) Sparks, Md

FILED SEP 15 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from
. 19 . to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Dehydration

Date of onset

Other contributory causes of importance:

Diarrhoea

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signature) L. J. Morrissey M. D.
Coroner
(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93617

CERTIFICATE OF DEATH

82-002

E 93617

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 E. Biddle St. 10-C (Ward)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Jane Truelove

(a) Residence: No. 923 E Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND) of Mr. George R. Truelove
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John Manning

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Caverly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. George R. Truelove
(Address) 923 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Sept 18, 1933

19. UNDERTAKER Henry Troeck Sons, Inc
(Address) 1611 E Eager St

20. FILED SEP 16 1933 Henry J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14th, 1933, to Sept 15, 1933

I last saw h[illegible] alive on Sept 15 1933 Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Mar 14 1933
Arterio Sclerosis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Asthema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Sup. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

✓ E 93618

93618

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N. Streeper St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Baird

(a) Residence: No. 825 N. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of May W. Baird

6. DATE OF BIRTH (month, day, year) May 7, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Baird

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Carlton Baird
(Address) 825 N Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Sept. 16, 33

19. UNDERTAKER Wm. F. Miller & Son
(Address) 35 W. Lafayette Ave. Huntington Williams, N.Y.

SEP 16 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 - 1933 to Sept 15 1933

I last saw h[illegible] alive on Sept 15 1933 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Arterial Hypertension	2 yrs.
Arteriosclerosis	

Other contributory causes of importance:
Hypertrophied Insufficiency
Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) # Wm. F. Sept M. D.

(Address) # 156 N. Milton Ave.

M. D. B. 1268-9

93619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93619

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-a Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Marks

(a) Residence: No. 203 N. Fremont Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 30, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartsville, S.C.

FATHER

13. NAME Sam Marks

14. BIRTHPLACE (city or town) (State or country) Columbia S.C.

MOTHER

15. MAIDEN NAME Lula Templeton

16. BIRTHPLACE (city or town) (State or country) Blackville, S.C.

17. INFORMANT Sam Marks
(Address) 203 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 16, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E Schroeder St.

20. FILED SEP 16 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Crushed pelvis & legs. — Date of onset
Shock.

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/13, 1933.
Where did injury occur? Fremont & Lexington Sts
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of Injury Tried to jump on a truck
Nature of Injury & fell under rear wheel

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph P Carey M. D.
Coroner
(Address) 2203 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93620

CERTIFICATE OF DEATH

82-001 E 93620

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 325 Otterbein St. 21-01 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lenora E. McCray

(a) Residence: No. 625 Otterbein St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) April 8-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sallie McCray

(Address) 625 Otterbein St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 16, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 Schroeder St.

SEP 16 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Apoplexy	
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. Fuller M. D.
Coroner

(Address) 1037 E. Baltimore St.

M. D. B. 1268-9

✓ E 93621

93621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 S. Bouldin St. 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fredericka C. Mader

(a) Residence: No. 821 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Conrad Mader

6. DATE OF BIRTH (month, day, year) April 9-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andreas Franz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie S. Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad Mader

(Address) 821 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem. Date Sept. 18, 1933

19. UNDERTAKER George W. Zirkler

(Address) 1757 E. Eager St.

20. FILED SEP 16 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Sept 15, 1933

I last saw her alive on Sept 12, 1933. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chad
Other contributory causes of importance:	
Cerebral Hemorrhage	Sudden

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Litlow M. D.

(Address) 314 S. Highland Ave

M. D. B. 1268-9

✓ E 93622

93622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Verre Coleman

(a) Residence: No. 3103 Batavia Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edna Coleman

6. DATE OF BIRTH (month, day, year) Feb 14, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Joseph Coleman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella Ackerley

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept. 18 1933

19. UNDERTAKER Wm. E. Black
(Address) 922 N. Broadway

19 ..... Registrar

SEP 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1933, to 9-15, 1933

I last saw him alive on 9-15, 1933. Death is said to have occurred on the date stated above, at 10³⁰ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	7 years
Lobar Pneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 93623 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93623

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 19-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... da.

2. FULL NAME Anna Krieger

(a) Residence: No. 1602 Cole St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

6. If married, widowed, or divorced (a) WIFE of (b) HUSBAND of Paul Krieger

6. DATE OF BIRTH (month, day, year) 1860 - Jan. 1

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Peter Kraushaar

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Peter Holzinger

(Address) 400 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 9/18 193

19. UNDERTAKER Harry H. Mitzke

(Address) 4161 Edmondson Ave

(Date) SEP 16 1933 19.. Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933, to Sept 15, 1933.

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4 50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	9/1/33

Other contributory causes of importance:

Name of operation Exploratory gastro-enterostomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Samuel Rubin, M. D.

(Address) Franklin Sq. Hosp.

M. D. B. 1268-9

E 93624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93624

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-91 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stella Lundeen Hamilton

(a) Residence: No. 2814 Kildaire Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl V. Lundeen

6. DATE OF BIRTH (month, day, year) Nov. 15, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME Snarsky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Earl V. Lundeen
(Address) 2814 Kildaire Rd Hamilton

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 9/18 1933

19. UNDERTAKER Harry A. Tuttle
(Address) 4101 Edmondson Ave.

Filed SEP 16 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/7 1933 to 9/14 1933

I last saw her alive on 9/14 1933 Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (partial)	?
Recto-sigmoid junction	

Other contributory causes of importance:

Peritonitis	9/1/33

Name of operation Intestinal resection. Date of 9/8/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify No

(Signed) Harry D. Bowman M. D.

(Address) University Hospital

Spec.—9-30—A. & Co.—250 Bks.

E 93625 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93625

CERTIFICATE OF DEATH.

119

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 813 Leadenhall St 12-01 WARD)

2-FULL NAME Teretha Garner

(a) RESIDENCE NO. 813 Leadenhall St.. WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 9 '33

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nnn

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Wesley Garner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Queenie Huff

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) South Carolina

14 Informant Queenie Garner
(Address) 813 Leadenhall St

SEP 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15, 1933

17
I HEREBY CERTIFY. That I attended deceased from
Sept 11, 1933, to Sept 15, 1933
that I last saw h-s- alive on Sept 12, 1933
and that death occurred, on the date stated above, at 2.55 m.

The CAUSE OF DEATH* was as follows:

Acute gastro Enteritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? nn Date of —

Was there an autopsy? nn

What test confirmed diagnosis? nn

(Signed) L M Cannee M. D.

9/15, 1933 (Address) 112 W Fred St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct — DATE OF BURIAL 9/16/1933

UNDERTAKER Isaac L Brown & Son — ADDRESS 108 N Montgomery

M. D. B. 1268-9

Michael Dumbrowski

E 93626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93626

CERTIFICATE OF DEATH

V 152

1. PLACE OF DEATH FRANKLIN SQUARE HOSPITAL

CITY OF BALTIMORE: (No.) St. 8-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DUMBROWSKI, MICHAEL

(a) Residence: No. 1408 DARLEY AVE St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Dumbrowsky.

6. DATE OF BIRTH (month, day, year) Nov 25 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Adam Dumbrowsky (Son)
(Address) 63 Eastern Avenue Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept 11. 1933

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 1233 Wolfe St.

20. FILED SEP 16 1933 Huntington Williams M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23. 1933. to Sept 15. 1933

I last saw h/m alive on Sept 14. 1933. Death is said to have occurred on the date stated above, at 2:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Right Thigh	8-7-33
Other contributory causes of importance:	
PULMONARY EMBOLISM.	9-15-33

Name of operation Incision & Drainage Cellulitis Right Thigh Date of Aug 29. 33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. R. Brown M. D.

(Address) Immaculate Conception Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93627

93627

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) S. 22-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lif St., Ward.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marvel W. Lowe
(If non-resident give city or town and State)

(a) Residence: No. 8 E. York st. St., Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George F. Lowe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elivia Foxwell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 4/16/33, 19

19. UNDERTAKER J. C. Deaver's Son
(Address) 703 Hanover St

P 16 1933 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to Sept. 11, 1933

I last saw him alive on Sept. 11, 1933 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1928
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C. Thaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93628 E 93628

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 University Place (or) St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Joseph Croker

(a) Residence: No. 3403 University Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria B. Croker

6. DATE OF BIRTH (month, day, year) Aug. 16, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chamberlain Weather Strip Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 686

12. BIRTHPLACE (city or town) (State or country) Troy N.Y.

FATHER

13. NAME Edw. Croker

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Kiely

16. BIRTHPLACE (city or town) (State or country) Troy N.Y.

17. INFORMANT Mrs. Maria B. Croker

(Address) 3403 University Pl.

18. BURIAL, CREMATION OR REMOVAL

Place Druid Ridge Date Sept 18. 1933

19. UNDERTAKER Wm. McKeever Bond

(Address) Hopkins & Davies.

20. FILED SEP 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1933 to Sept 16 1933

I last saw h. alive on Sept 15 1933 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix

Moderate uterine hemorrhage

with metastasis to Kidney

Other contributory causes of importance:

Cardiac Failure & Toxemia

Date of onset

Name of operation Date of

What test confirmed diagnosis? Clin. & Exa. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. O'Donovan M. D.

(Address) 705 Mercantile Bldg.

M. D. B. 1268-9

Desnelda M Tarbutton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93629

142-002

CERTIFICATE OF DEATH

Registered No. E 93629

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Married Tarbutton) Desnelda Marie Tarbutton

(a) Residence: No. 316 E 21st St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm B Tarbutton

6. DATE OF BIRTH (month, day, year) Oct 28 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Henry Glover

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Conrad

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm B Tarbutton

(Address) 316 E 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place Union Park Cem Date Sept 16 1933

19. UNDERTAKER Wm J Leishman & Son

(Address) 1701 Eutaw Pl

Filed Sept 16 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1933, to September 15, 1933

I last saw her alive on September 15, 1933 Death is said to have occurred on the date stated above, at 2:50 p. m.

The principal cause of death and related causes of importance were as follows:

Ruptured Tubal pregnancy — Date of onset 9-13-33

Other contributory causes of importance:

Chronic Tuberculosis of Both Lungs — 1929

Name of operation None Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Legum, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

93630

HEALTH DEPARTMENT—CITY OF BALTIMORE

93630

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Pronounced dead at 16-01 Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luke Burns

(a) Residence: No. 2703 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Burns

6. DATE OF BIRTH (month, day, year) Jan. 18 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18 Mos

12. BIRTHPLACE (city or town) (State or country) Falls City

13. NAME Patrick Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine Corbett

(Address) 2703 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 16 1933

19. UNDERTAKER

(Address) Huntington Woodall, Inc.

Filed 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows: I

May Be Cardiac

Arterio-Sclerosis

Date of onset 2 yrs

Other contributory causes of importance: Coronary Thrombus 1/2 hr

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James McFenton, M. D. Coroner

(Address)

Spec.—1-10 21—M&T—1500 Blks.

(Bunn)

93631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93631

CERTIFICATE OF DEATH.

V 51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 Forrest Ave ST., 9-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph J. Bunn

1a) RESIDENCE No. 214 Forrest Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of [illegible]

6 DATE OF BIRTH (month, day, and year) Feb 21 69

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
63	64	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer C. M. Klauer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Peter Bunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Rhoads

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S. A.

14 Informant (Address) Mrs. J. J. Bunn 214 Forrest Ave

15 7 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16, 33 1933

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1933, to Sept 16, 1933, that I last saw him alive on 9/16, 1933, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows: Cancer of Bladder

(duration) yrs. 9 mos 5 ds.

CONTRIBUTORY (Secondary) Hemorrhages Office

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Was Clinical Diagnosis confirmed by Autopsy?

What test confirmed diagnosis Diagnosed by Clinical Findings

(Signed) Henry H. Cordes, M. D.

9/16 1933 (Address) 1 Upland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Sept. 19 1933

20 UNDERTAKER Henry Heuck Sons, Inc. ADDRESS 1301 E Eager St

M. D. B. 1268-9

E 93632

93632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. H-O Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward E. Birch

(a) Residence: No. St. Ingoes, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lydia J. Birch

6. DATE OF BIRTH (month, day, year) April 20, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Ingoes Md.

FATHER

13. NAME William Birch

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Susan Tyler

16. BIRTHPLACE (city or town) (State or country) St. Ingoes Md

17. INFORMANT Wife, Lydia

(Address) St. Ingoes, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Md Date Sept. 19 1933

19. UNDERTAKER E. J. Robinson

(Address) St. Mary's Md

20. Filed SEP 19 1933 Thurlow Weems Registrar.

7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1933 to 9/16/33 19.....

I last saw him alive on 9/16/33 19..... Death is said to have occurred on the date stated above, at 10 50 m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Benign Hypertrophy of Prostate Gland	2
Other contributory causes of importance: Uremia	6 Days

Name of operation Suprapubic Prostatectomy Date of 9/9/33

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Raymond F. Shelford, M. D.

(Address) Mercy Hospital.

E 93633

M. D. B. 1268-9

93633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 824 Brooks Lane St. 13-01 Ward)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME David Rodnan

(a) Residence: No. 824 Brooks Lane St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipfitter 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Rodnan
(Address) 824 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 9/17/33 19

19. UNDERTAKER Jack Levy & Sons
(Address) 1432 E. Baltimore St.

20. FILED 9-17-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/29/33 . 19 to 9/15/33 . 19

I last saw h. alive on 9/15/33 . 19 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular renal Disease	
a) Coronary Thrombosis	8/29/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) David Levine M. D.

9/17/33 (Address) 1432 E. Baltimore St.

M. D. B. 1268-9

93634

✓ E 93634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 95-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wesley Neely

(a) Residence: No. 1526 Cheapside Ave Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Neely

6. DATE OF BIRTH (month, day, year) 12-24-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher (Butcher)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher (Laborer)

10. Date deceased last worked at this occupation (month and year) / 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Silas Neely

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Autumn Neely

(Address) 1420 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury NC Date Sept 11 1933

19. UNDERTAKER Robert H Willis & Sons

(Address) 13 E Saint Edwards St Huntington Williams N.Y.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1933 to 9-15 1933

I last saw him alive on 9-15 1933 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver - (over)	6 wks

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 9/11/33

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ... M. D.

(Signed) T Phagel

(Address) Balto City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 93635

93635

X 127

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Hospital for the Women of Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lafayette & Eden St. or Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 15 ds. How long in U. S. If of foreign birth? 40 yrs. ....mos. ....ds.

2. FULL NAME Mrs Minnie Milhausen

(a) Residence: No. Earl Eight St., Anne Arundel County Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Milhausen

6. DATE OF BIRTH (month, day, year) Jan 8, 1877.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	9	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME ? Kinder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie Kinder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Williamson

(Address) 6505 Hamlet Ave Hamilton

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet

Place Kinder's Lot Date 9/19/33

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933. to Sept 16, 1933

I last saw her alive on Sept 16, 1933 Death is said to have occurred on the date stated above, at 10 16 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	1932

Other contributory causes of importance:

Name of operation Cholecystectomy with Excision of Biliary Fistula Date of 9/9/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Beverley R. Compton M. D.

(Address) Womans Hosp. Balto

M. D. B. 1068-9

E 93636

93636
27547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 24-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Thomas

(a) Residence: No. 1731 Light St St., Ward. H. L. H. E.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-6-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Lawrence Thomas

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 18 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St Huntington Williams, Inc

20. FILED 9-17-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1933, to Sept 15th, 1933

I last saw h[illegible] alive on Sept 15th, 1933 Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, congenital	
Other contributory causes of importance:	
Laryngitis	
Tracheotomy	Aug 7
Hemangiomata multiple	

Name of operation Tracheotomy Date of Aug 9

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John P Washington, M. D.

(Address) Johns Hopkins

M. D. B. 1268-9

E 93637

93637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Borowiak

(a) Residence: No. Odonnell and Trappe Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
XXXXXXX XXXWIFE of Walenty Borowiak

6. DATE OF BIRTH (month, day, year) March 17th, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	6 5	0 -9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Niesiałowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jullianna Stanek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. WM. Borowiak
(Address) Odonnell and Trappe Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date September 17 1933

19. UNDERTAKER George A Weber
(Address) 205 S Eden St

20. FILED 9 7 1933 Ft. Leigh Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept, 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumothorax	
Pneumonitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) .....

Spec.—1-12-23—M&T—500 Blks.

93638 E 93638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 W. Lombard St., 14-21 WARD)

2-FULL NAME Bertie Virginia Cleveland

(a) RESIDENCE NO. 1307 W. Lombard ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur J. Cleveland

6 DATE OF BIRTH (month, day, and year) Aug 6-1876

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lonaconing Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant C. Cleveland

(Address) 1307 W Lombard St.

Filed 1-7 1933, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1933.

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to Sept 17, 1933, that I last saw h[illegible] alive on Sept 16, 1933, and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Malignant Cachexia

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam Micr.

(Signed) John A Cleveland M. D.

9/17, 1933 (Address) 1219 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brunswick Md

DATE OF BURIAL Sept 19 1933

20 UNDERTAKER C. H. Fuller & Son

ADDRESS Brunswick

M. D. B. 1268-9

E 93639

93639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6424 Rosemont Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Hughes

(a) Residence: No. 6424 Rosemont Ave St., ... Ward. ... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eugene D. Hughes

(Address) 16 Magdalen Rd

18. BURIAL, CREMATION, OR REMOVAL

Rep. Cath Cem Date 9-18-33

19. UNDERTAKER Leonard F. Graf & Bro.

(Address) 5205 Harford Rd.

Huntington Williams M.D. Registrar.

20. FILED

17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Sept 15 1933

I last saw her alive on Sept 14 1933 Death is said to have occurred on the date stated above, at 11.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Nephritis	

Other contributory causes of importance:

Asthma

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) L. McCarthy M. D.

(Address) 1114 Hanford Rd.

M. D. B. 1268-9

E 93640

HEALTH DEPARTMENT—CITY OF BALTIMORE

93640

CERTIFICATE OF DEATH

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maysie M. (Bozman) Deween

(a) Residence: No. 418 S. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William Deween

7. DATE OF BIRTH (month, day, year): Aug 19/1897

8. AGE — Years: 36 | Months: 0 | Days: 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wingate Pt., Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): William Deween 418 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Lyon Pk Date 9-18 19 33

19. UNDERTAKER (Address): Leonard J. Reech 6245 Hartford Pk Huntington Williams, N.T.

FILED 17 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sep 14/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, 11 P.M.

The principal cause of death and related causes of importance were as follows:

Shock-peritonitis due to Intestinal obstruction — Date of onset

Other contributory causes of importance:

Probably Post operative adhesions not recent

Name of operation Yes Date 9/14/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hall Cain M. D.
Coroner

(Address) 508 E Fayette Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93641

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Schumacher

(a) Residence: No. Chestertown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & for his Father

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

13. NAME Father Schumacher

14. BIRTHPLACE (city or town) (State or country) Churchville not Md

15. MAIDEN NAME Mary Magrogan

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Richard F. Schumacher Easton Md

18. BURIAL, CREMATION, OR REMOVAL Place Chestertown Md Date Sept 17. 1933

19. UNDERTAKER (Address) August F Lease 4419 Eastern Ave Huntington Village Md

20. FILED Sept 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Central Fatal Pneumonia — Date of onset 3 days

Other contributory causes of importance: Hospital 10 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James M Barton, M. D.
Coroner

(Address) Lease Chestertown

M. D. B. 1268-9

E 93642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93642 V 46 E 93642

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean E. Lawrence

(a) Residence: No. 829 Hamilton Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 24, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John A. Hartford

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Josephine Butler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Sept. 20, 1933

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md.

20. [illegible] Huntington Williams M.D.
Registrar.

18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933 to Sept 17, 1933

I last saw her alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Pulmonary embolism	3 hrs

Other contributory causes of importance:

Chronic Myocarditis

Chronic Nephritis

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Butterworth M. D.

(Address) Mercy Hospital Baltimore, Md.

M. D. B. 1268-9

93643 27684 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93643

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 1 mos. 2½ ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Richard D. Browning

(a) Residence: No. Owings Mills St., ..Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 22 1933 ~~Unknown~~ 9/24/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 ~~11~~	20 ~~24~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Md

FATHER

13. NAME Verney Browning

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alma Shaw

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Sept 18 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

Filed SEP 18 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Sept 15, 1933

I last saw him alive on Sept 15, 1933 Death is said to have occurred on the date stated above, at 7.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-intestinal Disturbance	9-9
Diarrhea	

Other contributory causes of importance:

Malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John D. Washington, M. D.

(Address) Johns Hopkins

M. D. B. 1268-9

E 93644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 93644

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Robinson

(a) Residence: No. 727 Dolphin St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Rachael Robinson

6. DATE OF BIRTH (month, day, year) May 3, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	3 4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Arthur Robinson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Betty Washington

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Patient himself

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 18, 1933

19. UNDERTAKER Jesse W. Redden

(Address) 436 W. Biddle St

Huntington Williams, Mgr

Registrar.

SEP 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/13/33, 19 to 9/14/33, 19

I last saw him alive on 9/14/33, 19. Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of neck	1st 9
Other contributory causes of importance:	
Hemorrhage	9/14/33

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) H. H. Young M. D.

(Address) Balto City Hospitals

D. H. 1268-9

93645

HEALTH DEPARTMENT—CITY OF BALTIMORE

93645

CERTIFICATE OF DEATH

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Royston ave. St., 27-21 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward M. Cecil

(a) Residence: No. 3110 Royston ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, wife, or divorced (or) WIFE of Oscar G. Cecil

DATE OF BIRTH (month, day, year) Nov. 26, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Frederick Md

13. NAME OF FATHER Chas. H. Blumenauer

14. BIRTHPLACE OF FATHER (City or town) (State or country) Frederick Md

15. MAIDEN NAME OF MOTHER Susan Miller

16. BIRTHPLACE OF MOTHER (City or town) (State or country) Md

INFORMANT Oscar G. Cecil

(Address) 3110 Royston ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Sept. 19 1933

UNDERTAKER Harry W. Ehlen

(Address) 1518 W. Fayette St.

FILED 8-1933 Huntington Ave. P. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from SEPTEMBER 1930 to SEPT. 17 1933

I last saw h[illegible] alive on SEPT. 16 1933. Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA LEFT BREAST	1930
Other contributory causes of importance: METASTASIS TO LUNG	AUG. 1933.
METASTASIS TO RIGHT HUMERUS	FEB. 1933.

Name of operation RADICAL AMP. O. BREAST Date of 9/16/30

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] M. D.

(Address) 8 East Read St.

E 93646

M. D. P. 1268-9

93646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH St Agnes Hospital Wilkens + Caton ave

CITY OF BALTIMORE: (No. ..... St., 14-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wolfe

(a) Residence: No. 313 S. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 24-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.

FATHER

13. NAME Paul W. Wolfe

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mildred Mills

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT William Paul Wolfe

(Address) 313 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Sept 18 1933

19. UNDERTAKER George F. Schwatt

(Address) 2121 Frederick Ave.

SEP 18 1933

Registered No. ....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933 to Sept 18, 1933

I last saw her alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 1.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea	9/9/33
Inanition	
Dehydration	
Terminal Lobular Pneumonia	9/16/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Dunler M. D.

(Address) St Agnes Hosp.

C 93647

M. D. B. 1268-9

276778 HEALTH DEPARTMENT—CITY OF BALTIMORE 6.93647

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 27-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Woodfolk.

(a) Residence: No. 437 Edwards Ave. St., Govans Ward. A

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Woodfolk

6. DATE OF BIRTH (month, day, year) Mar 2, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank Myer

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Irene Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 9/18/33 19

19. UNDERTAKER Mrs. Geo. H. Holmes

(Address) 1629 Pennsylvania Ave

20. FILED SEP 18 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12th 1933 to Sept 15th 1933

I last saw her alive on Sept. 15th 1933 Death is said to have occurred on the date stated above, at 2.28 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Peritonitis, obstruction~~,	
Generalized Carcinoma	9-9-33
intestinal obstruction	9-9-33
Other contributory causes of importance:	
Bronchial pneumonia, terminal.	9-14-33

Name of operation (Relief of adhesions) Exploratory laparotomy Date of 9-13-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. H. Brown, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 93648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 9 E 93648

Registered No.

1. PLACE OF DEATH — Sydenham Hospital

CITY OF BALTIMORE: (No.) St. 11-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Vernon Outlaw

(a) Residence: No. 416 Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1 - 1922

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
1	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Outlaw

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ruth Green

16. BIRTHPLACE (city or town) (State or country) Sykesville Md.

17. INFORMANT William Outlaw

(Address) 416 Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 9/18/33 19

19. UNDERTAKER Wm. C. George & Son

(Address) 1201 Druid Hill Ave

20. FILED SEP 18 1933 19 Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933 to Sept 15, 1933

I last saw h alive on Sept 15, 1933. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Tuberculosis	
Bronchial Pneumonia	Sept 8

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mary Lathrop M. D.

(Address) Sydenham Hospital

E-93649

M. D. B. 1268-9

93649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Reistertown Rd. 45th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 P yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hyman G. Bass

(a) Residence: No. 3520 Reistertown Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, year) March 15 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04-5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abrahum Bass

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ———

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. G. Hayman (Address) Glenville W. Va

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Hebrew Cemetery Date Sept 18 1933

19. UNDERTAKER Sol Levinson & Bro (Address) 11 [illegible] Baltimore

20. FILED OCT 10 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16 1932 to Sept 17 1933

I last saw h... alive on Sept 17 1933 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Cedema — Date of onset 9/16/33

Other contributory causes of importance:

Hypernephroma of Right Kidney — Probably 1931?

Name of operation Exploratory Date of Sept 21, 1933

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank Lerman M. D.

(Address) 2305 Eutaw Place.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3650

CERTIFICATE OF DEATH

12/ E 93650

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital. St. 12-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward. .....

Length of residence in city or town where died Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Maria Bland.

(a) Residence: No. Washington Apts St., ... Ward. .....
(Usual place of abode) Balto. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F. ab.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ John R. Bland.

6. DATE OF BIRTH (month, day, year) Dec 23rd 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	9	22nd	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Barden.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma Ayers.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. W. Symington. (Address) 1001 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept 15th 1933

19. UNDERTAKER Henry H. Jenkins Sons (Address) Chestnut & Cathedral Sts.

Registrar.

FILED 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12- 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12th 1933 to Sept 12th 1933

I last saw her alive on 9-12- 1933. Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure.	?
Other contributory causes of importance:	
Cellulo-phase. accident	7-25-33
Appendicitis, acute.	9-11-33

Name of operation Appendectomy Date of 9-12-33

What test confirmed diagnosis? —— Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) H. E. Lackey M. D.

(Address) Union Mem. Hosp.

M. D. B. 1268-9

03651 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03651

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Union Memorial Hosp. St., 27 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Kennedy Cromwell

(a) Residence: No. Bellona & Brightside Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Cromwell

6. DATE OF BIRTH (month, day, year) April 8 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard Cromwell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept 20 1933

19. UNDERTAKER Henry W. Deubler & Co.
(Address) 1601 Druid Hill Ave.

187933 Huntington, West Virginia, Registrar. 8 LRS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1923 to Sept 18 1933.

I last saw him alive on Sept 16 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/14/33
Other contributory causes of importance:	
Diabetes Mellitus	1922

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Francis W. Clark M. D.

(Address) 1115 St Paul St.

M. D. B. 1268-9

E 93652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93652

CERTIFICATE OF DEATH

Registered No. 210-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-21 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerry Augustine Forbes

(a) Residence: No. North Pt Rd nr Sparrows Pt Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 27, 1908

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tractor Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year) 8/6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goshen, Va

13. NAME Jerry Forbes

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Archie Forbes (cousin) North Pt Rd nr Sparrows Pt Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Goshen, Va Date Sept. 15, 1933

19. UNDERTAKER (Address)

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 . to , 19 .

I last saw h alive on Injury, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Punctured right lung Shock.

Date of onset

Other contributory causes of importance:

Contusion of Abdomen

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/12, 1933

Where did injury occur? North Pt Rd nr Sparrows Pt Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Steel Accident

Manner of injury Struck by auto while

Nature of injury working (across road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tokarz, M. D.
Coroner

(Address) 2200 E. Madison St.

AUG 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93653 E 93653

CERTIFICATE OF DEATH

94-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Edgemont Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Shriver

(a) Residence: No. 2306 Edgemont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Samuel Smith Shriver

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Caroline McCloskey

16. BIRTHPLACE (city or town) (State or country) Pa Phila

17. INFORMANT Geo M. Shriver
(Address) Court Road Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date Sept 18, 1933

19. UNDERTAKER Fred C. Mitchell & Son
(Address) 1900 Eutaw Place

Filed Sept 16 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1927 to Sept 16 1933

I last saw her alive on Sept 15 1933 Death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	1927
Hypertension	1927
Cardiac dilatation	1932
Myocardial insufficiency	
Other contributory causes of importance:	
Angina pectoris and coronary thrombosis	1932.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul H. Clough M. D.

(Address) 24 E. Eager St.

M. D. B. 1268-9

93654 HEALTH DEPARTMENT—CITY OF BALTIMORE 93654

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Parkin St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Celesta Rulli

(a) Residence: No. 107 Parkin St., ... Ward. Italy

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Nicholas Rulli

6. DATE OF BIRTH (month, day, year) July 27th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Raffaele Cerati

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Antonia Franceschino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr Felice Rulli

(Address) 107 Parkin St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/19/ 1933

19. UNDERTAKER John J Carmody & Son

(Address) 501 Hollins St.

20. FILED 19 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/16/ 1933 to 9/17/ 1933

I last saw her alive on 9/17/ 1933 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. V. Carlotta M. D.

(Address) 811 Stark

M. D. B. 1268-9

93655 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93655

CERTIFICATE OF DEATH

V 186-001

Registered No. .....

1. PLACE OF DEATH Union Memorial Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17-06 Ward)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. ~~[illegible]~~ (Sophie) ~~[illegible]~~ Wells Mrs Sophie Thomas

(a) Residence: No. 309 E 33 St ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin F Wells

6. DATE OF BIRTH (month, day, year) Jan 9 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 8

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Wm Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ~~[illegible]~~ Margaret LeBrun

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edwin F. Wells

(Address) 309 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 19 1933

19. UNDERTAKER George D. Smith

(Address) 15 E Preston St.

20. FILED SEP 18 1933 ..... 19 ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-28-33 19..... to Sept 16 1933

I last saw her alive on Sept 16 ..... 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur.	
J K Conner J Thorburg. (Fatal)	
Other contributory causes of importance:	
Coronary occlusion ?	
Pulmonary Embol ?	

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury Fall ~~[illegible]~~ stairs

Nature of Injury fracture right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H K Conner M. D.

(Address) Edmondson Ave

M. D. B. 1268-9

93656

HEALTH DEPARTMENT—CITY OF BALTIMORE

93656

CERTIFICATE OF DEATH

V 82-001

Registered No. 27-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5710 St Georges Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C Miller

(a) Residence: No. 5710 St. Georges Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE) Annie Conner

6. DATE OF BIRTH (month, day, year) Feb. 23rd 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Fred. Miller

(Address) 5211 St. Georges Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date 9/18/ 1933

19. UNDERTAKER E. J. Fanning & Son

(Address) 1933 E. Lafayette ave

20. FILED 19

Registrar.

8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3 1933 to Sept 15 1933

I last saw him alive on Sept 15 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	May 33
Cerebral Hemmorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Richardson M. D.

(Address) 1720 N. Stricker St

M. D. B. 1268-9

E 93657

93657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 17-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lelia Green Archer

(a) Residence: No. 510 ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of ..... Child

6. DATE OF BIRTH (month, day, year) June 11, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME .....

FATHER

14. BIRTHPLACE (city or town) (State or country) Records

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Lelia Green Archer

(Address) 510 .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Sept 18 1933

19. UNDERTAKER Joseph A. Lovely

(Address) 1804 N. Mount Street

FILED SEP 19 1933 Interim Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/14/33 19..... to 9/16/33 19.....

I last saw him alive on 9-16 19 33 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. T. Turner M. D.

(Address) Provident Hospital

M. D. B. 1268-9

E 93658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44-003

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 10-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Raymond

(a) Residence: No. 825 Stanford Ave St., Ward. 24 L. 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 6th. 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland -

MOTHER FATHER

13. NAME Nat Raymond

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Leona Tadd -

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Royal Cem Date Sept. 18 1933

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED SEP 15 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11th. 1933 to Sept. 15th. 1933 I last saw him alive on Sept. 15th. 1933. Death is said to have occurred on the date stated above, at 11:35 m. 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia, B Suipestifer infection	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Cunningham M. D.

(Address) Johns Hopkins

E 93659

M. D. B. 1268-9

E 93659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-002

Registered No. 27702

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Williams

(a) Residence: No. 103 N. Poppleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Married (sep)

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Sept 3

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Marie Ashton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place West Maryland County Home Date Sept 18 1933

19. UNDERTAKER A. Jones

(Address) 111 S. Eutaw St. Huntington Undertaking Co., Inc.

SEP 18 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to Sept 15 1933

I last saw him alive on Sept 15 1933 Death is said to have occurred on the date stated above, at 12:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Pleuritis Left Hemithorax	
Other contributory causes of importance: Pulmonary Edema	

Name of operation Incision & Drainage Left Hemithorax Date of 7-13-33

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Padget M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1268-9

93660 HEALTH DEPARTMENT—CITY OF BALTIMORE 93660

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Baltimore City Hospitals (St.) 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? 4 yrs. mos. ds.

2. FULL NAME Willard M. Olds

(a) Residence: No Balt. City Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Olds (Dead)

6. DATE OF BIRTH (month, day, year) March 7, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Toledo (State or country) Ohio

FATHER

13. NAME Henry Olds

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Crum

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Sept 16 1933

19. UNDERTAKER John C. Miller (Address) 2225 E. Baltimore St

Huntington Williams Co

SEP 18 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1933 to Sept 14 1933

I last saw him alive on September 14 1933 Death is said to have occurred on the date stated above, at 6 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic	
Coronary Thrombosis	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Magruder M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

E 93661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93661

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dennison St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adolph Simon Skinner

(a) Residence: No. 420 W. Cary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5 mos	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Adolph Skinner

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Irene Simms Dar

16. BIRTHPLACE (city or town) Sanford
(State or country) N. C.

17. INFORMANT Irene Skinner
(Address) 420 W Cary

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 16, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 2222 E. Monument St.

20. FILED SEP 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15- 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-25-33, 19..., to 9-15-, 1933

I last saw h... alive on 9-15-, 1933 Death is said to have occurred on the date stated above, at 7:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Hasse M. D.

(Address) Provident Hospital

H. D. H. 1268-9

E 93662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93662

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Number) Stricon Memorial Hospital (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Ball

(a) Residence: No. 909-W-33 St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Della Ball.

DATE OF BIRTH (month, day, year) March 20 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38.	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME John A. Ball.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Edna M. Bull.

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Howard Ball.

(Address) 909 W 33rd St.

BURIAL, CREMATION, OR REMOVAL

(Place) Prospect Hamden Date Sept 20, 1933

UNDERTAKER Chenoweth Son

(Address) 2615-17 Clinton St. Balto.

FILED SEP 18 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonar Disease.
& Heart.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Yes or No) (If so, specify)

Wm. F. Mooney, M. D.

Coroner

(Address) 3652 Roland Ave

M. D. B. 1268-B

✓ E 93663

93663 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 W. Hamburg St. 21-01 Ward)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ZACHARIAH Zachariah T. Gray Sr.

(a) Residence: No. 1122 W. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margaret R. Gray.

6. DATE OF BIRTH (month, day, year) June 30, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Gray.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Gillespie

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Nellie E. Minnick

(Address) 1122 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Sept. 19 1933

19. UNDERTAKER Mr. & Mrs. J. H. Teufel & Son

(Address) 801 W. Fayette St

20. FILED SEP 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933 to Sept 16, 1933

I last saw h.. alive on Sept 15, 1933 Death is said to have occurred on the date stated above, at 4:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. N. Friperi M. D.

(Address) 1334 E. Lombard St

M. D. B. 1268-9

E 93664

574

HEALTH DEPARTMENT—CITY OF BALTIMORE

93664

CERTIFICATE OF DEATH

24

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Kane

(a) Residence: No. 244 S Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Jas Kane

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary McKee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Sept. 20th 193[illegible]

19. UNDERTAKER Lilly & Zuber Inc.

(Address) 403 E. Monument St

20. FILED 9-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933, to Sept 16, 1933

I last saw h[illegible] alive on Sept 16, 1933 Death is said to have occurred on the date stated above, at 8 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Aug 26 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? MB in Spinal Fluid Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John B. Washburn M. D.

(Address) Johns Hopkins

Spec.—9-30—A. & Co.—250 Bks

Mrs Stella Piasecki ✓

E 93665 E 93665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122-01

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp. ST. 26-01 WARD)

2. FULL NAME Mrs. Stella Piasecki

(a) RESIDENCE NO. 3401 Hudson ST., ... WARD
(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Piasecki

6 DATE OF BIRTH (month, day, and year) 12-26-96

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	8	21	
			22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Michal Piasecky Jr
(Address) 3401 Hudson st

15 Filed SEP 16 1933 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17-33

17 I HEREBY CERTIFY, That I attended deceased from 9-4-33, 19 ... to 9-17-33, 19 ...

that I last saw h[illegible] alive on 9-17-33, 19 ...

and that death occurred, on the date stated above, at 730 a. m.

The CAUSE OF DEATH was as follows:

Pulmonary Embolism

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 9-5-33

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert W Allison M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ste Stanislaus	Sept 20 33

20 UNDERTAKER John Duda ADDRESS 2811 Hudson St

M. D. B. 1268-9

E 93666

93666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Joseph Majka

(a) Residence: No. 838 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Salomija Majka. (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galizya Poland

MOTHER FATHER

13. NAME Martin Majka

14. BIRTHPLACE (city or town) (State or country) Galizya Poland

15. MAIDEN NAME Mary Draus

16. BIRTHPLACE (city or town) (State or country) Galizya Poland

17. INFORMANT Joseph Majka
(Address) 838 S. Bond Street

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place St. Stanislaus - Date Sep. 20 1933

19. UNDERTAKER M. F. Sadowski
(Address) 1740 Eastern Ave.

20. FILED SEP 18 1933 Huntington Williams, Registrar. 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1933 to Sept. 16, 1933

I last saw him alive on Sept. 16, 1933 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	?
Other contributory causes of importance:	
Pulmonary Tuberculosis	June 1933

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hosp.

M. D. F. 1268-0

93667 E 93667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Bond St., 7-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addie Burnett

(a) Residence: No. 503 N Bond St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (or) WIFE of James Burnett

6. DATE OF BIRTH (month, day, year) Exact date unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Appx 41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co Va

FATHER

13. NAME John Hughes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Foster

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lewis E. (Cornell Son)

(Address) 503 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson's Cemetery Date Sept. 18 1933

19. UNDERTAKER Edward. Bryan

(Address) 1631 Pleasant St.

20. FILED 8 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933, to Sept 13, 1933

I last saw her alive on Sept 12, 1933 Death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia & Effusion	1 mo.
	over

Other contributory causes of importance:

Mitral insufficiency

Name of operation no Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

M. D. R. 1268-9

93668 E 93668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. or Ward) 9-04

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Trapham

(a) Residence: No. 511 W. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of wife

6. DATE OF BIRTH (month, day, year) June 26 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER FATHER

13. NAME Joseph Trapham / Ida Drumright

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Ida Drumright

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Oakie Samuel

(Address) 511 W Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Alton Va. Date Sept 17 1933

19. UNDERTAKER Lyde H. Burkett

(Address) 728 Lafayette St

Huntington W. Virginia

Registrar.

SEP 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1933 to 9-18, 1933

I last saw h alive on 9-18, 1933. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Hypertension Cardiac Failure
Renal Disease
Arteriosclerosis Gangrene
of Right Foot

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. L. Jackson M. D.

(Address) 600 W. Arlington

M. D. B. 1268-9

E 93669

93669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 W. Fayette St. 14-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis A. Reinhardt

(a) Residence: No. 1705 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Mollie Reinhardt

7. DATE OF BIRTH (month, day, year) January 18, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	7	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles C. Reinhardt

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Margaret Einey

16. BIRTHPLACE (city or town) York
(State or country) Pennsylvania

17. INFORMANT Miss Bertie E. Deitz

(Address) 1705 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 20, 1933

19. UNDERTAKER Chas. H. Hood

(Address) 1003 W. Baltimore St.

FILED SEP 18 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1933 to September 17, 1933

I last saw h... im alive on September 15, 1933. Death is said to have occurred on the date stated above, at 7.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/17/33
Myocarditis	2
Arterio sclerosis	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wilhelmine Test — M. D.

(Address) 20 E. Preston St.

M. D. B 1268-9

93670 E 93670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Etta Ford

(a) Residence: No. Perryport Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Bennett S. Ford

6. DATE OF BIRTH (month, day, year) Aug 27-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Albert Mowatt

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Laura Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Bennett S. Ford
(Address) Perryport Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlee Cem Date Sept 20 1933

19. UNDERTAKER Berry Perry & Sons
(Address) Adelphi Md Huntington Williams, M.D.
Registrar.

81933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/6 1933, to 9/18 1933

I last saw her alive on 9/17 1933. Death is said to have occurred on the date stated above, at 5.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum Extended	
Primary Site Cervix	

Other contributory causes of importance:

Name of operation Exploratory Date of 9/11/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Carvel Hall, M. D.

(Address) University Hospital

Cor.—12-9-25—A Co.—200 Bks.

93671

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93671

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 820 S. Port Street St. 1-01 Ward)

(If death occurred i a hospital or institu tion, give its NAME instead of street and number and fill out No 18.)

2-FULL NAME Wladyslaw Keber

(a) RESIDENCE NO. 820 S. Port Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Keber

6 DATE OF BIRTH (month, day, and year) June 16 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Ohio R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Frederik Keber

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Mrs. Mary . Keber (Wife)

(Address) 820 S. Port Street

81933 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

Sept. 19 33 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Sept 19 Date of Burial 193

20 UNDERTAKER John M Weber ADDRESS 401 S Chest

M. D. B. 1268-9

E 93672

93672 296700 Hurd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-004

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Thomas

(a) Residence: No. Newport Tenn. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced (or) WIFE of: Raymond

6. DATE OF BIRTH (month, day, year): May 16 1905

7. AGE: Years 28 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tenn.

13. NAME: L. C. Eldridge

14. BIRTHPLACE (city or town) (State or country): Tenn.

15. MAIDEN NAME: Elza Hedrick

16. BIRTHPLACE (city or town) (State or country): Tenn.

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Knoxville Tenn 9/18 93
Place Date 19

19. UNDERTAKER: Joseph Abrams
(Address) 221 Bway Huntington Longacre N.Y.

SEP 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): SEP 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to Sept 18 1933

I last saw her alive on Sept 18 1933 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Benign)	August 1933
Other contributory causes of importance: Pulmonary Embolus	Sept. 18

Name of operation: Right Craniotomy Date of: 8-22-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

. D. B. 1268-9

3673

HEALTH DEPARTMENT—CITY OF BALTIMORE

3673

CERTIFICATE OF DEATH

168

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Brunswick St. St. 25-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas B. Davis.

(a) Residence: No. 912 Brunswick St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of Anna D. Davis.

DATE OF BIRTH (month, day, year) May 22, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	24 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 052

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas B. Davis.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary A-Allen.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Anna D. Davis. (wife)
(Address) 912 Brunswick St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept. 19, 1933

19. UNDERTAKER J. B. Neptune & Son
(Address) Huntingtn Ave. & Eutaw Place, Md.

20. Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to razor blade cut of left arm.	

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/15/33

Where did injury occur? 912 E. Brunswick St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At his home.

Manner of injury razor blade cut of left arm.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

(Address) 1017 E. Charles St.

9/18/33

A&Co. 5-31 250B

93674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108 E 93674

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 8-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susanna P. Wheatley

(a) Residence: No. 2637 East Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

7. DATE OF BIRTH (month, day, year) May 27 33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Francis H Wheatley

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lillian Kirchner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lillian H Wheatley
(Address) 2637 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 19 1933

19. UNDERTAKER Frank Brooks Son
(Address) 1900 Eutaw Pl

20. FILED Sept 19 1933 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1933, to September 18, 1933

I last saw her alive on September 18 1933, death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Lobar pneumonia - left.	9-16-33
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

93675

HEALTH DEPARTMENT—CITY OF BALTIMORE

93675

CERTIFICATE OF DEATH

v 46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Washington St St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 41 yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Cvach

(a) Residence: No. 821 N. Washington St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Cvach

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Krumel

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anton Cvach
(Address) 821 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 19, 19 33

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

Huntington Williams

20. FILED SEP 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16 33 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 33 to Sept 16 33, 19 33

I last saw him alive on Sept 16 33, 19 33 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	May 1933
Other contributory causes of importance: Chronic Intestinal Obstruction	—

Name of operation None Date of No

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Stogdell M. D.

(Address) 401 Cathedral St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93676 E 93676

CERTIFICATE OF DEATH

66-005

Registered No. .....

1. PLACE OF DEATH Union Memorial Hosp.

CITY OF BALTIMORE: (No. Thirty-third St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Shilling

(a) Residence: No. 3446 Park Heights Ave., St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Hebrew	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Benj Shilling

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Months	Days	If LESS than 1 day, ... hrs. or ... min.
(?) 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher Shop 01-3

10. Date deceased last worked at this occupation (month and year) August 1932

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Shilling

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Benj. Shilling

(Address) 3446 Park Heights Ave., City

18. BURIAL, CREMATION, OR REMOVAL Date 9-20-33, 19

Place Rosedale

19. UNDERTAKER Jack Lewis Inc

(Address) 1437 E. Baltimore St.

20. FILED ... 19 ... Registrar.

Hustis & Williams

10,1533 E.K.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1933, to September 19, 1933

I last saw him alive on September 19, 1933 Death is said to have occurred on the date stated above, at 1:33 Am.

The principal cause of death and related causes of importance were as follows:	Date of onset
Auricular fibrillation	8-32
Other contributory causes of importance:	
Pulmonary Edema	5-33
	none

Name of operation Thyroidectomy (Total) Date of 9-14-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. R. Dulchdal M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

E 93677 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93677

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 N. Natchez St. 45-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Sarah Stein

(a) Residence: No. 2128 N. Natchez ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

(SEX)	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerkess 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Shaler Stein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Stein

(Address) 2128 Natchez ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 9/19/33

19. UNDERTAKER Geo. Lee Sons & Co.

(Address) 1937 E. Monument St.

Huntington Williams Asst.

20. FILED 9/19/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to Sept 18 1933

I last saw her alive on Sept 18 1933 Death is said to have occurred on the date stated above, at 9.40 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma uteri

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis T. Levy M. D.

(Address) 1844 W. North Ave.

C 1922

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93678

CERTIFICATE OF DEATH

E 93678

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Druid Hill av St., 14 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Augusta Thompson

(a) Residence: No. 2231 Druid Hill av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Mar 1 1861

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cristiana Md.

13. NAME Jeremiah Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Harriet Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rosena Thompson
(Address) 2231 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Sept 19 1933

19. UNDERTAKER Enoch Pratt Undertaking Co.
(Address) 1913 Pennsylvania Ave.

20. FILED Sept 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1933 to Sept 16 1933

I last saw h. alive on Sept 15 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	
Myocardial insufficiency	3 yrs
Other contributory causes of importance:	
Arterio sclerosis	10 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Chas J. Keller, M. D.

(Address) 222 W. Monument

M. D. B. 1268-9

93679 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93679

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 8-01 Ward)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sally O Sipsaut

(a) Residence: No. 5-120 S Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. E. Oliphant (Dead)

6. DATE OF BIRTH (month, day, year) March 15, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) S. C. Ireland 2nd

15. MAIDEN NAME Christianna Blodgett

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Cem Date Sept 14, 1933

19. UNDERTAKER L. Snyder Sons Inc
(Address) 1710 Eutaw St.

20. FILED Sept 19 1933 Flinn Jr Williams Hosp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1933 to Sept. 15, 1933 that she was alive on Sept. 13, 1933 Death is said to have occurred on the date stated above, at 9 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus c	?
multiple carbuncles	2 mos?
Arteriosclerosis, generalized	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) I P Magrath M. D.

(Address) Balto City Hosp.

Spec.—1-12-23—M&T—500 Blks.

E 93680 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 93680

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4265 Stricker ST. 19-01 WARD)

2-FULL NAME William B Burke

(a) RESIDENCE NO. 4265 Stricker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Burke

DATE OF BIRTH (month, day, and year) April 21 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
59		4	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) Western Md RR

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER W B Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Maggie Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

Informant Charles Burke

(Address) 416 N Calhoun St

Filed Sept 19 1933 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18 1933

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to Sept 18 1933, that I last saw him alive on Sept 18 1933, and that death occurred, on the date stated above, at 4.45 P m

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(duration) 1 yrs. 8 mos — ds.

CONTRIBUTORY (Secondary) Cardiac Syncope

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Rotart Keech, M. D.

, 19 (Address) 2502 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Memorial Park Cem. DATE OF BURIAL Sept 21 1933

20 UNDERTAKER Edward Soulsan ADDRESS Wash Blvd

pec.—2-29-28—L. F. S.—500 Bks.

E 93681 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93681

CERTIFICATE OF DEATH

REGISTERED NO. 59

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 720 Carrell ST. 21-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella E. Conner

(a) RESIDENCE NO. 720 Carrell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph G. Conner

DATE OF BIRTH (month, day, and year) Sept 25, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER James G. McCauley

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Matilda M. Cockey

13 BIRTHPLACE OF MOTHER (city or town) Lexington,

(State or country) Kentucky

Informant Mrs. Florence McCauley

(Address) 720 Carrell St

FEB 9 1933 Lexington Ave, Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 17-1933

17 I HEREBY CERTIFY, That I attended deceased from May 17, 19 33, to Sept. 17, 19 33,

that I last saw h alive on Sept. 16, 19 33

and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension, Uterine Fibroids 12 hrs

Diabetes Mellitus Acute Edema of Lungs

Multiple Hemorrhages Embolus ? Brain.

(duration) yrs. mos. ds.

CONTRIBUTORY Chronic Interstitial Nephritis

(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No. 1, P.M.

What test confirmed diagnosis? Symptoms, Urine & Blood exam

(Signed) Thos. J. a Strauss, M. D.

the 9-18, 19 33 (Address) 2728 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 9/20 19 33

20 UNDERTAKER Mowan & Son

ADDRESS 901 Hollins St

A&Co. 5-31 250B

E 93682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93682

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Roslyn ave St. 15-04 (Ward)

Length of residence in city or town where death occurred 79 yrs. V mos. 8 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Lewis Adler

(a) Residence: No. 2310 Roslyn ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Engelbrecht Adler

6. DATE OF BIRTH (month, day, year) April 9 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	V	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Surgeon U.S. Navy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Washington D.C.
10. Date deceased last worked at this occupation (month and year) 1924
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Marcus Adler

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Eleanor Müller

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Myra Adler Stewart
(Address) 2310 Roslyn ave

18. BURIAL, CREMATION, OR REMOVAL
Greenmount Cemetery Date Sept 19 1933

19. UNDERTAKER Chas. J. Brault
(Address) 742 W. Lexington St

20. FILED SEP 18 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th 1933

I HEREBY CERTIFY, That I attended deceased from June 30 1930 to Sept 17th 1933

I last saw him alive on Sept 17 1933 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Debility	Jan 1930
Other contributory causes of importance:	
Heart failure	Sept 17th

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Harry Goldberg, M. D.

(Address) 2210 Eutaw Place

M. D. B. 1268-9

E 93683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93683

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Plateau Ave. St. 28-01 Ward)

Length of residence in city or town where death occurred About 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME H. Annie Samuels

(a) Residence: No. 3505 Plateau Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H. Samuels

6. DATE OF BIRTH (month, day, year) Oct. 14, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Michael Foot

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Roth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. L. Samuels
(Address) U.S. Navy

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Sept. 20, 1933

19. UNDERTAKER Edward Sondheim's Son
(Address) 1902 Eutaw Place.

SEP 19 1933 Huntington Williams Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933 to Sept 18, 1933

I last saw her alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardeten	July 1st,
Other contributory causes of importance: Arterio Sclerosis	1930

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) A. E. Samuels M. D.
(Address) 4509 Liberty Heights Ave

M. D. B. 1268-9

E 93684

93684 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 E. Hamilton Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 44 yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Lortz

(a) Residence: No. 2706 E. Hamilton Ave, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Lortz

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna M. Lortz
(Address) 2706 E. Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/20/33

19. UNDERTAKER Leonard J. Huck Inc.
(Address) 5305 Harford Rd.

20. FILED ..... 19..... Registrar.

SEP 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933 to Sept 17, 1933

I last saw her alive on Sept 17 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arterio sclerosis	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Edward Sumwalt, M. D.

(Address) 4 E. Hamilton Road

Spec.—2-29-28—L. F. S.—500 Blks.

93685

E 93685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3619 Pleasure Road ST. 6-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rev. Samuel Bower

(a) RESIDENCE NO. 233 N Lakewood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of India Bower

DATE OF BIRTH (month, day, and year) March 27 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	20	19

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergymen 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Phila Pa.

10 NAME OF FATHER John Bower

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Caroline Rheinheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mrs India Bower

(Address) 233 Lakewood Ave

Filed SEP 19 1933 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16, 1933

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to Sept 16, 1933, that I last saw him alive on Sept 16, 1933 and that death occurred, on the date stated above, at 10.05 P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-vascular Disease

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary artery disease

(duration) yrs. mos. (-) ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical observation

(Signed) F. D. Wack, M. D.

, 19 (Address) 5132 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL Sept 20 1933

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

M. D. B. 1268-9

E 93686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93686

CERTIFICATE OF DEATH

117-002

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 7 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Shook

(a) Residence: No. 3405 Claremont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shook

6. DATE OF BIRTH (month, day, year) June 23, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Wyoming Co. Pa.

MOTHER FATHER

13. NAME C. Christopher Shook

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Elizabeth Thurman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date Sept. 20, 19 33

19. UNDERTAKER Lilly & Feldmeier
(Address) 403 E. Baltimore St.

20. FILED SEP 19 1933, 19 ... Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, 19 ... to Sept 17, 1933 ... 19 ... I last saw him alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer duodenal	8-10 yrs
Other contributory causes of importance: Peritonitis	10 days
Gastroduodenostomy	9/14/33

Name of operation ... Date of 9/14/33

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) I. Pragnell, M. D.

(Address) Balto City Hosp

Spec—9-30—A. & Co.—250 Blks

E 93687

E 93687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 416 Jackson ST. 24-61 (WARD)

2. FULL NAME Theresa Katherine Hasselberger.

(a) RESIDENCE No. 416 Jackson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 26-31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Baltimore Md.

10 NAME OF FATHER James F. Hasselberger

11 BIRTHPLACE OF FATHER (city or town) (state or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret L. Yingling

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Baltimore

PARENTS

14 Informant F. Hasselberger

(Address) 416 Jackson St.

Filed SEP 19 1933 Thomas J. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17, 1933.

17

I HEREBY CERTIFY, That I attended deceased (from Sept 5, 1933 to Sept 17, 1933.

that I last saw h[illegible] alive on Sept 17, 1933. at 1.10 P. m.

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

What was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Debaun M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem.

DATE OF BURIAL 9/19 1933

20 UNDERTAKER J. Fahey & Sons

ADDRESS 318 Light

M. D. B. 1268-9

93688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93688

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Margaret Mc Cea

(a) Residence: No. 516 E Lan St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 15-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME James Mc Cea

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Garrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret Mc Cea
(Address) Mercy Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date Sept 19 19 33

19. UNDERTAKER Mary Hurley
(Address) 1717 E Lan St

SEP 19 1933 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 . 1933 . to Sept 17 . 1933

I last saw h.e.r alive on Sept 17 . 1933 . Death is said to have occurred on the date stated above, at 8:23 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	
Peritonitis due to rupture	
1 Carcinoma	18th
2	

Other contributory causes of importance:

Name of operation Exploratory Date of —

What test confirmed diagnosis? Surgical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Lee Buchanan M. D.

(Address) Mercy Hospital Baltimore Md.

M. D. B. 1268-9

E 93689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93689

CERTIFICATE OF DEATH

Registered No. 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2281 Reisterstown Rd 12-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Martha Louise Haugh

(a) Residence: No. 2281 Reisterstown Road St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Haugh

6. DATE OF BIRTH (month, day, year) Oct. 3 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	64	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Henry H. Thompson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Martha Powell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Annie L. Fennimore

(Address) 2281 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Sept 20, 1933

19. UNDERTAKER Josiah Ryker

(Address) 1616 N. Carrollton

FILED SEP 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929 to Sept 17, 1933.

I last saw h.. alive on Sept 17, 1933. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio nephropathy	1930
Other contributory causes of importance: Uremic coma	Sept 15 1933

Name of operation None Date of .....

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George M. Stith M. D.

(Address) 2435 Maryland Ave.

M. D. Form 93690

E 93690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 McHenry St. 21-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Campbell

(a) Residence: No. 947 McHenry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Campbell

6. DATE OF BIRTH (month, day, year): June 9. 1844

7. AGE: Years 89; Months 3; Days 8; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: James McKendrick

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Margaret Calvert

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ruth Toner

(Address) 707 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 9/21/33

19. UNDERTAKER: Wm Lutz

(Address) 1217 E. Fayette St.

Huntington Williams, N.Y.

Registrar.

SEP 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1933. to Sept 17 1933.

I last saw her alive on Sept 14 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
Old age.	
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Morley Hoge M. D.

(Address) 22 Gittings St. Blvd

ec.—2-29-28—L. F. S.—500 Bks.

93691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93691

CERTIFICATE OF DEATH

✓ 107-001

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 512 N. Castle ST., 7-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew J. Frischler

(a) RESIDENCE NO. 512 N. Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 68 yrs. How long in U. S., if foreign birth 68 yrs. How long in this county

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Frischler

ATE OF BIRTH (month, day, and year) Apr. 7, 1865

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	11	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher - 013 Ret.

(b) General nature of industry, business, or establishment in which employed (or employer) Meat Packing

(c) Name of employer C. H. Hohman

IRTHPLACE (city or town) Essen,

(State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

Informant Mrs. Catherine Frischler

(Address) 512 N. Castle St

Filed 10 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from August 31, 1933, to Sept. 18, 1933,

that I last saw him alive on Sept. 13, 1933,

and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pul. Tuberculosis - Bronchiectasis (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Dr. B. Seyer, M. D.

9/19, 1933 (Address) 3802 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Sept 21 1933

20 UNDERTAKER Henry Houck Sons, Inc. — ADDRESS 1501 E Eager St

M. D. B. 1268-5

93692

HEALTH DEPARTMENT—CITY OF BALTIMORE

93692

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Bevan St. St. 23-81 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ---mos.- ds. How long in U. S. If of foreign birth? yrs. mos. ...

2. FULL NAME Cecelia Redd.(C)

(a) Residence: No. 1128 Olive St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Esah Redd.(C)

6. DATE OF BIRTH (month, day, year) March 26,1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

FATHER

13. NAME William Jacobs.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah --------(C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Bessie Neal.(C)sisterinlaw.
(Address) Prince Georges Co.Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 19..

19. UNDERTAKER [illegible]
(Address)

20. FILED 19.. Registrar.

0836

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) September 5,1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h... alive on ..., 19.. Death is supposed to have occurred on the date stated above, 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

Date at ons...

Acute Alcoholism.

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos Reinhardt M. D. Coroner

(Address) 1017 E. Charles St.

9/14/35

M. D. B. 1268-9

E 93693

3693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-081

Registered No. 82-081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 82-081 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rogers

(a) Residence: No. 623 S. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Unnessed, Md Date Sept 19, 1933

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED , 19 Registrar.

0838

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1933 to Sept 17, 1933

I last saw him alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 5-30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage left	10 days
Encephalopathy, nitrous	?
Intracerebral, secondary	1 day
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. D. Magruder M. D.

(Address) Balt. City Hosp.

Z. D. B. 1268-8

ME 93694

93694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 5-01 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leondas O. Simmons

(a) Residence: No. Beltsville, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lidia

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired pb

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT St. Agnes Hosp. Records

(Address) Willing and Certain.

18. BURIAL, CREMATION, OR REMOVAL Place Beltsville Md Date 9/18 1933

19. UNDERTAKER J. C. White Co

(Address) Laurel, Md

20. FILED ..... 19 ..... Registrar.

SEP 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Cerebral Embolism

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? May 10 1933

Where did injury occur? Washington Blvd at Laurel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking Cross road.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) ..... M. D.
Coroner

(Address) ..... Md

. D. B. 1268-9

E 93695

93695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Eason St. 10-01 (Ward)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Purnis

(a) Residence: No. 721 Eason St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

6. If married, widowed, or divorced (or) WIFE of Edward Purnis

DATE OF BIRTH (month, day, year) 2-23-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME OF FATHER James Holland

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Louisa Lovington

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Edward Purnis 721 Eason St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem. Date Sept. 20, 1933

19. UNDERTAKER (Address) Chas. G. Cooper 5-7 N. Carrollton Ave. Huntington Ridge, Md.

20. FILED SEP 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—

I last saw h— alive on ——, 19—. Death is said to have occurred on the date stated above, at —— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Arterial Hypertension	

Name of operation ——— Date of ———

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— , 19—

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ———

(Signed) ——— M. D.
Coroner

(Address) ———

M. D. B. 1268-9

E 93696

93696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH Good Shepherd General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 6-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Bibbins

(a) Residence: No. 1514 Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Parker Bibbins

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. J. Varian

(Address) 31 S. Frederick St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 20, 1933

19. UNDERTAKER Mrs R. E. Elliott

(Address) 1128 A Lawrence St Huntington Pathway W. Va.

20. FILED SEP 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/24, 1933, to 9/18, 1933

I last saw h.e alive on 9/18, 1933. Death is said to have occurred on the date stated above, at 155A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	9/17/33
Hemiplegia	5/22/33
Hypertention	
Chr. Nephritis	Unk
Arterio-sclerosis	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

M. D. B. 1268-9

E 93697

93697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., E-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Ross

(a) Residence: No. 121 Terrell Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 6, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME Walter Ross

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rose Myers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 9, 1933

19. UNDERTAKER .....
(Address)

20. FILED Sept 11 1933 Huntington Williams Registrar.

0841

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9/6/33 . 19 ... to 9/6/33 . 19 ...

I last saw h... alive on 9/6/33 . 19 . Death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	9/6/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harvey Stone M. D.

(Address) Johns Hopkins Hospital.

M. D. P. 1268-9

✓ E 93698

93698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S. Bouldin St. 76-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Rosa Paglinghi

(a) Residence: No. 205 S. Bouldin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) ———

11. Total time (years) spent in this occupation ———

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Paglinghi

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Joseph Paglinghi
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 20, 1933

19. UNDERTAKER Frank V. Pipitone
(Address) 2815 E. Baltimore st

20. FILED 9 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep. 6, 1933, to Sep. 17, 1933.
I last saw her alive on Sep. 17, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sep 16.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene L. Pessano M. D.

(Address) 5 S. Dury Lane

Spec.—0-30—A. & Co.—250 Bks.

✓ E 93699

93699 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No. 637 Mc Kewin Ave. St. 9-01 WARD)

2. FULL NAME Mrs. Ellen Luebode

(a) RESIDENCE NO. 637 Mc Kewin Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert F. Luebode

6 DATE OF BIRTH (month, day, and year): Dec. 15th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Enochael Obrien

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Malloy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Nellie T. Rafferty
(Address): 637 Mc Kewin Ave Huntington Williams, M.D.

Filed 9 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1933, to Sept 17, 1933, that I last saw her alive on Sept 17, 1933, and that death occurred, on the date stated above, at 11:30 A.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Cervix Uteri

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Samuel B. Wolfe M. D.
19 (Address) 1331 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery | DATE OF BURIAL: Sept. 20 1933

20 UNDERTAKER: George L. Schwatt | ADDRESS: 2101 Eutaw Ave.

M. D. B. 1268-9

✓ E 93700

93700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S. Conkling St. St. 96-01 Ward)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August F. Ehoff

(a) Residence: No. 716 S. Conkling St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emelia Ehoff

6. DATE OF BIRTH (month, day, year) July 7, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME August Ehoff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Emelia Ehoff
(Address) 716 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am Date Sept 20 1933

19. UNDERTAKER George W. Dirkler
(Address) 1737 E. Eager St.

20. FILED Sept 23 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/15 1933 to 9/17 1933

I last saw h. alive on 9/17 1933 Death is said to have occurred on the date stated above, at 5.35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Convulsions	
Myocardial Insufficiency (Chronic)	
Chronic interstitial Nephritis	
Other contributory causes of importance:	
Hypostatic Pneumonia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Orrell M. D.

(Address) 1633 S. Conkling

D. R. 1268-9

E 93701

93701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Elizabeth Walker

(a) Residence: No. 2384 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 13-1929

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Laura A. Walker

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Laura Harris

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT James H. Walker

(Address) 2384 W. Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept. 20, 1933

UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lanvale St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration Asphyxia	9/18/33
Other contributory causes of importance:	
Status Epilepticus	7/1/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

D. B. 1268-9

E 93702

93702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 Bradley St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Walker

(a) Residence: No. 658 Sarahanna St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Walker

DATE OF BIRTH (month, day, year) 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Daniel Walker

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliza -----

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Susie Walker

(Address) 658 Bradley St

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Sept 21, 1933

UNDERTAKER Mrs Lotie R Williams

(Address) 322 S Fulton Ave

FILED SEP 19 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 18/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Epilepsy	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. J. Buxton, M. D. Coroner

(Address) 508 E Fort Ave

B. B. 1268-9

✓ E 93703

93703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 McCullough St. 14-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen Carter

(a) Residence: No. 1625 McCullough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Carter

6. DATE OF BIRTH (month, day, year) Mar 29/1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenwood, S.C.

13. NAME North Carter

14. BIRTHPLACE (city or town) (State or country) Greenwood, N.C.

15. MAIDEN NAME Martha Talbott

16. BIRTHPLACE (city or town) (State or country) Greenwood, N.C.

17. INFORMANT (Address) Cora Carter 1625 McCullough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Date Sept 21, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 1322 E. Lanvale St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 17/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.15 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular disease	???

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John F. Ellen M.D. Coroner

(Address) 508 E Fort Ave

M. D. B. 1268-B

✓ E 93704

93704

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (T.) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16-06 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Ferrell

(a) Residence: No. 817 N. Stricker st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Ferrell

7. DATE OF BIRTH (month, day, year) Sept. 12, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Augustus

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Thornton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 17, 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 32 Huntington Ave. Huntington Station, N.Y.

20. FILED 9-19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933 to Sept. 15, 1933
I last saw her alive on Sept. 15, 1933 Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. TBc	Mar 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Mw Jacobsen M. D.
(Address) Baltimore City Hospitals

Spec.—6-9-19—H. P. C.—2000 Blks.

E 93705

93705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1214 Eutaw Place St. 11-01 WARD)

2-FULL NAME Alvis Bellman Abbot Jr.

(a) RESIDENCE. No. ... Fayetteville, W. Va. ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1½ mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10 - 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fayetteville West Virginia

PARENTS

10 NAME OF FATHER A. B. Abbot Sr

11 BIRTHPLACE OF FATHER (city or town) Alvis (State or country)

12 MAIDEN NAME OF MOTHER Anna R. Abbot

13 BIRTHPLACE OF MOTHER (city or town) Fayetteville (State or country) West Virginia

14 Informant Mrs. A. B. Abbot Jr. (Address) Fayetteville W. Va.

15 9 1933 . 19 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19 - 1933

17 I HEREBY CERTIFY, That I attended deceased from 8/17/1933, to 9/19/1933, 19 .

that I last saw him alive on 9/19/1933

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Brain abcess

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Par sinusitis

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9/12/33

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Jeanne Snyder, M. D.

9-19-1933 (Address) Baltimore Eye, Ear, & Throat Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fayetteville West Va

DATE OF BURIAL Sept 22/1933

20 UNDERTAKER P. B. Hyer & Son

ADDRESS 130 Eutaw St.

M. D. B. 1268-9

✓ E 93706

93706 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 46

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Moses Morrison

(a) Residence: No. Shineton W Va St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora L. Morrison

7. DATE OF BIRTH (month, day, year) 5/10/1864

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

13. NAME Ashton Morrison

14. BIRTHPLACE (city or town) (State or country) W Va

15. MAIDEN NAME Sarah Nixon

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Shineton W Va Date Sept 19-33

19. UNDERTAKER Chas F Hauckton

(Address) 11 W Mt Royal Ave

20. FILED 91933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-19-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933, to Sept 19, 1933.

I last saw him alive on Sept 19, 1933. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	3 months
Other contributory causes of importance:	
Bronchopneumonia	1 day

Name of operation Iliac Incision Date of 9-12-33

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Fred W Hecht M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93707

93707

CERTIFICATE OF DEATH

X 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 76-81 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? 13 yrs. ... mos. ... ds.

2. FULL NAME Joseph Untener

(a) Residence: No. 601 S. Kappel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, year) May 15 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Metal Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0/9

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Untener

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Anna Badnar

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) Anna Badnar 196 Ocean Pkway Brooklyn NY

18. BURIAL, CREMATION, OR REMOVAL Place Trenton, N. J. Date Sept 1, 1933

19. UNDERTAKER Henry Sander & Sons, Inc. (Address) 1933 Huntington Ave Baltimore, Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from began, 19 ... to ... 19 ...

I last saw h alive on began, 19 ... Death is said to have occurred on the date stated above, at 8:50 p m

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock.

Date of onset

Other contributory causes of importance:

Cardiac Accident

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/16, 1933

Where did injury occur? Washington Blvd & Arlington Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Struck by auto while trying to get on his own car.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny Coroner ... M. D.

(Address) 229 E Madison St

M. D. B. 1268-9

93708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93708

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 E. Pratt St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer G. Lease

(a) Residence: No. 913 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Lease

6. DATE OF BIRTH (month, day, year): Dec 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Roof tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Roofing

10. Date deceased last worked at this occupation (month and year): Dec 1932

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER FATHER

13. NAME: Frank Lease

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mary Lease
(Address): 913 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Carmel Date: Sept 20 1933

19. UNDERTAKER: Wendell J. Lippy
(Address): 304 E Pratt St

20. FILED: SEP 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 17 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6 1933 to Sept 17 1933

I last saw him alive on Sept 17 1933 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1st Mar
Other contributory causes of importance:	
General Metastasis	3 mo

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John D. Reed M. D.

(Address) 1926 Eutaw Pl

M. D. B. 1268-9
93709

E 93709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St. 14-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willard Shorter

(a) Residence: No. 1706½ McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Harrison Shorter

14. BIRTHPLACE (city or town) (State or country) Balt Md.

15. MAIDEN NAME OF MOTHER Helen Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Helen Johnson
(Address) 1706½ McCulloh.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 19th 33

19. UNDERTAKER Thos L Wilson
(Address) 1000 E Brantley ave

FILED ..... 19..... Registrar.

SEP 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1933 to Sept. 17, 1933

I last saw h... alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 5:33 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	9-11-33

Other contributory causes of importance:

Ruptured Appendix & Generalized Peritonitis	8/22/33

Name of operation Laparotomy & Enterostomy Date of 9/11/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bradshaw Higgins M. D.
(Address) Provident Hospital

M. D. B. 1268-9

E 9:3710

9:3710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 28-41 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Marie A. Putsche

(a) Residence: No. 3022 Wayne Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	married

6a. If married, widowed, or divorced (or) WIFE of Henry H. Putsche

6. DATE OF BIRTH (month, day, year) May 10, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Michael Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Hines

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 1/22 1934

PLACE Gordon Hill Cem

19. UNDERTAKER Joseph F. Lafayette
(Address) Forbes & Lafayette
Huntington & Williams Ave

20. FILED 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1933 to Sept. 19 1933

I last saw her alive on Sept. 19, 1933 Death is said to have occurred on the date stated above, at 6:05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	(?)
Other contributory causes of importance:	
Acute Acidosis	24 hrs.
Circulatory Failure	12 hrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Blood Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. W. Burns M. D.

(Address) Mercy Hospital

D. H. 1268-9

E 93711

HEALTH DEPARTMENT—CITY OF BALTIMORE

3711

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Monroe St. St., 19-01 Ward)

Length of residence in city or town where death occurred 6 yrs. --mos.--ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry M. Dyer.

(a) Residence: No. 13 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

If married, widowed, or divorced, HUSBAND of XXXXXXX XXXXXXXXX Susan Dyer.

DATE OF BIRTH (month, day, year) September 6, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired junk dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick, Md.

13. NAME George E. Dyer.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Jane Dungan.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Mrs. Robert Wynn. (daughter)

(Address) 1801 N. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Frdk MK Date 9/20 33

UNDERTAKER Geo. A. Fuhrman

(Address) Huntington Pittsburgh, Pa.

FILED 9/1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M Reinhardt Coroner. M. D.

9/19/33 (Address) 1017 E. Charles St.

D. B. 1268-9

E 93712

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93712

CERTIFICATE OF DEATH

20-01 169

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gwynns Falls at Baltimore St. Ward)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Korn.

(a) Residence: No. 214 S. Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

6. If ~~MARRIED, WIDOWED, or~~ HUSBAND of ~~WIFE of~~ Louise Korn.

DATE OF BIRTH (month, day, year) October 4, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired butcher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Korn.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Caroline Stydel.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Lena Ellison. (daughter)
(Address) 214 S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Date Nov 1 1933
Place Catholic Cemetery
Dept B 8 1
Box K. Bates Jr

19. UNDERTAKER
(Address) 1003 N. Eutaw St
Huntington Wil

20. FILED Nov 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

Internal injuries. Jumped from the Baltimore St. bridge into Gwynns Falls. Suicide.

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Feb. 18/33

Where did injury occur? Gwynns Falls.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Internal injuries.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

11/19/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 93713 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93713

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 23

CITY OF BALTIMORE: (No. ..... St., S-el Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Bowers

(a) Residence: No. 1818 N. Milton ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) May 10, 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

13. NAME Laban Bowers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place WILSON CEMETERY Date SEP 25 1933 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to Sept. 17, 1933
I last saw him alive on Sept. 17, 1933 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

psc.—8-16-29—L. F. S.—100 Bks.

E 93714

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93714

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Washington Blvd 21 WARD)

2—FULL NAME Jennie H. Merchants

(a) RESIDENCE NO. 1421 Washington Blvd 21 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Late Christopher Merchants

DATE OF BIRTH (month, day, and year) July 16, 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Saratoga Co New York

10 NAME OF FATHER Leo A. Houghtaling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Crescent N.Y.

12 MAIDEN NAME OF MOTHER Harriet E. Dibble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Crescent N.Y.

Informant Mrs. Mary E. Sigsbury

(Address) 1421 Washington Blvd

Filed SEP 20 1933 Huntington Williams M.D. Registrar

201933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933, to Sept 17, 1933, that I last saw h er alive on Sept 16, 1933 and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH* was as follows:

Arthritis Chronic Severe

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular Heart disease (Arteriosclerosis) (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Thurman Wheeler, M. D.

9/17, 1933 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schenectady N.Y.

DATE OF BURIAL Sept 21st 1933

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

M. D. B. 1268-9

93715

HEALTH DEPARTMENT—CITY OF BALTIMORE

93715

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22nd Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Calvert (Calvin) Reisinger

(a) Residence: No. 5520 Sefton ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) Oct. 17, 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Louis Reisinger

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Ida Harrison

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Memorial Date Sept 21, 1933

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Pennsylvania Ave.

20. FILED SEP 20 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to Sept. 18, 1933
I last saw him alive on Sept. 18, 1933. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	Sept. 1932
Other contributory causes of importance:	
Carcinomatosis	10 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93716 93716

CERTIFICATE OF DEATH

146

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N. Washington St St., 7-01 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Becker

(a) Residence: No. 620 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen M. Becker

6. DATE OF BIRTH (month, day, year) Oct 10 1893

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
39	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen M. Becker

(Address) 620 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Sept 20 1933

19. UNDERTAKER Philip Hennig Sons

(Address) 2010 Orleans St.

FILED SEP 20 1933 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17-1933

22. I HEREBY CERTIFY, That I attended deceased from June 21 1933, to Sept 17 1933.

I last saw him alive on September 16 1933. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Metastases in Liver	Not known

Other contributory causes of importance:

Name of operation Colostomy Date of June 22 1933

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33717

33717

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2819 Chesterfield Ave St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Wallace Sr.

(a) Residence: No. 2819 Chesterfield St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edna A. Wallace

DATE OF BIRTH (month, day, year) June 23 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Annie Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Edna A. Wallace

(Address) 2819 Chesterfield Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 21, 1933

UNDERTAKER Philip Herwig Sons

(Address) 216 Fulton Ave

FILED P 20 1933 Washington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1933, to Sept 18, 1933

I last saw him alive on Sept 18, 1933. Death is said to have occurred on the date stated above, at 10:56 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub acute Bacterial Endocarditis	Sept. 3
Cardiac Hypertrophy	
Myocarditis	

Other contributory causes of importance:

Arteriosclerosis	
Chronic Interstitial Nephritis	
Chronic Sinusitis	

Name of operation None Date of

What test confirmed diagnosis? Cessation of Cardiac action Was there an Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter A. Anderson, M. D.

(Address) 3001 Shannon Drive

H. D. B. 1268-9

E 93718

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93718

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 3101 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME Rosa Stein

(a) Residence: No. Forest Gardens Cloverdale & Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Michael

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Michael Stein

(Address) Forest Gardens

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship 9/20/33 19

19. UNDERTAKER C. H. Levin & Bro.

(Address) 1432 E. Baltimore St.

20. FILED SEP 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19 1933

22. I HEREBY CERTIFY, That I attended deceased from September 18 1933 to September 19 1933

I last saw her alive on September 19 1933 Death is said to have occurred on the date stated above, at 7:42 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Lung	
Cardiac Hypertrophy and Dilatation	
Cardiac Insufficiency	
Edema of Lung	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

93719 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93719

CERTIFICATE OF DEATH

Registered No. V 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Brookfield Ave St. 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Carolyn R. Rzepnicki

(a) Residence: No. 2210 Brookfield Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12 - 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	9	6 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none - ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Josef Rzepnicki.

14. BIRTHPLACE (city or town) Baltimore. (State or country)

MOTHER

15. MAIDEN NAME Rose R. Rzepnicki

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Josef Rzepnicki (Address) 2210 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date 9/20/33 19

19. UNDERTAKER J. C. Schmidt Sons (Address) 1600 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 - 1933 to Sept 19 - 1933

I last saw h[illegible] alive on Sept 19 - 1933. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	9-17-33
Other contributory causes of importance: Rheumatic Cardio - Vascular Disease	1 yr

Name of operation — Date of —

What test confirmed diagnosis? V Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) J. S. Ferman M. D.

(Address) 3503 Edmondson Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93720

3720

CERTIFICATE OF DEATH

V 93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 E. Baltimore St. 6-01 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME Louis Sachs

(a) Residence: No. 1528 E. Baltimire St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year) Apr 15/1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NVS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Sachs

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Fannie ------

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Carl Sachs (Son)
(Address) 2520 Loyoal Southway

BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 9/20/33, 19

UNDERTAKER [illegible]
(Address) [illegible]

FILED SEP 20 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 19/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Possible Thrombosis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 1006 E York [illegible]

M. D. B. 1268-9

E 93721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93721

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 W Lex, St. 19 01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie McBride

(a) Residence: No. 1713 W Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: W H McBride

6. DATE OF BIRTH (month, day, year): Dec - 1885

7. AGE: Years 47; Months 9; Days —; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME of Father: John Timmis

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of Mother: Mary Hume

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: William H. McBride

(Address): 1713 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 9-21-33

19. UNDERTAKER: Geo. Keating

(Address): 916 Pa Ave

FILED SEP 20 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-18-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-15-33 to 9-18-33

I last saw h... alive on Sept 17 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Hatton, M. D.

(Address) 1713 W Lex St

AACo. 5-31 250B

93722 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93722

CERTIFICATE OF DEATH

87-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 Halcyon Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carl M. Thomas

(a) Residence: No. 2709 Halcyon Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE OF~~ Catherine Thomas

7. DATE OF BIRTH (month, day, year) Jan. 1. 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Michael Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Schumar

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Thomas
(Address) 2709 Halcyon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Ceme Date Sept 20, 1933

19. UNDERTAKER Hughes & Jones Inc
(Address) 424 N. Broadway

20. DATE SEP 20 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1933 to Sept. 14, 1933
I last saw him alive on Sept. 14, 1933 death is said to have occurred on the date stated above, at 4:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	
Convulsions	
Arteriosclerosis	
Hypertension	
Other contributory causes of importance: Died in convulsion	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Bert Coolidge, M. D.
(Address) 18 E Eager St. Balto

M. D. B. 1268-9

93723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 51 | E 93723

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1647 N. Payson St. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Lindsay

(a) Residence: No. 1647 N. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Lindsay

7. DATE OF BIRTH (month, day, year) October 25, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sams Creek Md.

13. NAME Louis L. Lindsay

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Susan Caylor

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Edna Lindsay
(Address) 1647 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Cemetery Date Sept. 21, 1933

19. UNDERTAKER Harry W. Ehlen
(Address) 1944 W. North Ave

20. FILED SEP 20 1933 H. Bryan Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1. 32 to Sept. 19 33

I last saw alive on Sept. 19 33 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pyloric	Jan. 32
Contributory Cachexia	Yrs.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Bryan Williams, M. D.

(Address) 1944 W. North Ave

D. B. 1268-9

93724 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 93724

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4615 Harford Ave St. 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rau

(a) Residence: No. 3021 Iona Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hilda Rau

6. DATE OF BIRTH (month, day, year) Jan 30/1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Drug House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME William Rau

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Nettie Shollmeyer

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Wife
(Address) 2021 Iona Terrace

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept 20 1933

UNDERTAKER John Ulrich & Sons Co.
(Address) Huntington & Williams, Inc.

SEP 20 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep, 16/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11.10 m. P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) . M. D.
Coroner

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93725

CERTIFICATE OF DEATH

E 93725

Registered No. 1120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 N Potomac st St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Gilbert King

(a) Residence: No. 155 N Potomac st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 18th 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Robert G King

14. BIRTHPLACE (city or town)
(State or country) Md

15. MAIDEN NAME Laura E Thuma

16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Robert G King
(Address) 155 N Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 21 1933

19. UNDERTAKER John Ulrich & Sons
(Address) 1808 Eutaw Pl

20. SEP 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/1933

22. I HEREBY CERTIFY, That I attended deceased from 9/17/1933 to 9/19/1933

I last saw h[illegible] alive on 9-19-1933 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis	9/17/33

Other contributory causes of importance:

Anemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dwight L. Ludlow M. D.

(Address) 3323 E Baltimore St

M. D. B. 1268-9

Dr T S Hawkins

93726 HEALTH DEPARTMENT—CITY OF BALTIMORE B 93726

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Etting St., 17th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida L. Jenkins Gill

(a) Residence: No. 1222 Etting St., 17th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Gill

7. DATE OF BIRTH (month, day, year) Dec. 17 - 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME OF FATHER John Sorrell

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME OF MOTHER Emily Sorrell

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Anna E. Rice (daughter)
(Address) 1222 Etting St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Sept. 21st, 1933

19. UNDERTAKER John M. Dolleman
(Address) 1300 Madison Ave.

20. FILED Sept 21st 1933 Wm. Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Sept 18, 1933

I last saw her alive on Sept 16, 1933. Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Renal Disease	
Endocrinitis and Extreme Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T S Hawkins, M. D.

(Address) 1262 W. Mt. Belvedere

ACo. 5-31 250B

93727 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93727

CERTIFICATE OF DEATH V 11-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 N. Mount St. 15-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Brewer

(a) Residence: No. 1323 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-17-1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36.	10	2.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cor R. 1 O
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnson City Tenn.

13. NAME Jessie H. Brewer

14. BIRTHPLACE (city or town) (State or country) Johnson City Tenn.

15. MAIDEN NAME Rebecca Hamilton

16. BIRTHPLACE (city or town) (State or country) Johnson City Tenn.

17. INFORMANT Catherine Hawson

(Address) 1323 No Mount St.

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvary Cemetery Date Sept 22 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Presstman st

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1933, to Sept 19, 1933

I last saw h— alive on Sept 16, 1933, death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza (Bronchial)	9/13/33
Other contributory causes of importance: Epistaxis	9/17/33
Name of operation Local Packing Medrol Physical Date of	9/17/33
What test confirmed diagnosis? Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William N Wright M.D.

(Address) 1209 Poerstmann St

ec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93728 E 93728

93728

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 N. Calhoun St ST. 16-9 WARD)

2-FULL NAME Annie Lee

(a) RESIDENCE NO. 1103 N. Calhoun St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Van Lee

DATE OF BIRTH (month, day, and year) 1896

AGE: 37 (Years | Months | Days | If LESS than 1 day, hrs. or min.)

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Calvert Co. Md

10 NAME OF FATHER: Thomas Shettington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

Informant (Address): Frances Borden 1103 Calhoun St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16. 1933

17 I HEREBY CERTIFY, That I attended deceased from 8-16—, 1933, to 9—16—, 1933.

that I last saw her alive on 9—16—, 1933.

and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthysis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Unknown

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frank J. Reynolds, M. D.

9-18-1933 (Address) 1029 Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Sept 20 1933

20 UNDERTAKER: Thomas E. Kelson

ADDRESS 303 Forstman St

1022

M. D. B. 1268-9

93729 E 93729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Hull St. St., 2-W Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Lena Baracki

(a) Residence: No. 905 Hull St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 10, 1933

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	9	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

11. Date deceased last worked at this occupation (month and year) ✓

12. Total time (years) spent in this occupation ✓

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

14. NAME Lena Baracki

15. BIRTHPLACE (city or town) (State or country) Balt. Md

16. MAIDEN NAME Mary Kocyuna

17. BIRTHPLACE (city or town) (State or country) Balt. Md

18. INFORMANT Joseph Baracki

(Address) 905 Hull St

19. BURIAL, CREMATION, OR REMOVAL

Place St Thomas Cem Date Sept 20 1933

20. UNDERTAKER Geo H Weber

(Address) 705 S Ann St

21. FILED 19 Registrar.

EP 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-33

22. I HEREBY CERTIFY, That I attended deceased from 9-13-33 19..... to 9-19-33 19.....

I last saw h.e.r alive on 9-19-33 19..... Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	7-15-33

Other contributory causes of importance: None

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) Thos Jno. L. M. D.

(Address) 1214 E. Fayette St

Spec.-7-17-26-A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93730

E 93730

CERTIFICATE OF DEATH

√ 23

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 116 S Stockton St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia Thomas

(a) RESIDENCE NO. 116 S Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 4th 1889

7 AGE	Years	Months	Days
	44	2	14

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (City or town)
(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to Sept 18, 1933, that I last saw h[illegible] alive on Sept 16, 1933, and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 24 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. H. Hooper M. D.

9-18, 1933 (Address) 3348 North Av.

(*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Georgia Payne 1309 Riggs st Washington D.C.

15 Filed SEP 20 1933 Huntington Williams Jr. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

20 UNDERTAKER A. Jones

Date of Burial Sept 21st 1933

ADDRESS 1111 Gilmor st

D. B. 1268-9

E 93731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp. St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nick Kampouris.

(a) Residence: No. 200 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Not Known.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Greece

13. NAME Not Known.

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Greece

INFORMANT Mrs A Hondroulis.

(Address) Low & First St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn. Date 9/20, 1933

UNDERTAKER Bernard C. Harlow

(Address) 1000 S Paca St.

SEP 20 1933 Huntington Williams, M.D.

(Registered) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5-55 A m

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Obesity

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If (so), specify

(Signed) Joseph Carter, M. D. Coroner

(Address) 506 E Fayette

H. D. B. 1268-9

E 93732 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93732

CERTIFICATE OF DEATH

Registered No. 56

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 610 Sterling St., 5th Ward)

Length of residence in city or town where death occurred 11 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MAMIE CHASE

(a) Residence: No. 610 Sterling St., 5th Ward. (3rd Precinct)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/2/22

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	3	11/15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child - at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore -

13. NAME John Chase

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

15. MAIDEN NAME Annie Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records - J. H. Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date Sept. 20. 1933

19. UNDERTAKER Mrs. J. T. Locke
(Address) 1802 Jefferson St.

Huntington Williams
Registrar.

SEP 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1931 to Sept., 1933

I last saw h[illegible] alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 10.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever -	4/22/31
Heart failure	6/2/33
Pulmonary edema -	9/12/33

Other contributory causes of importance:

Name of operation None - Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen O. Lewis M. D.

(Address) 414 Lake Ave -

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93733

E 93733

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Th.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Robinson

(a) Residence: No. 1417 E. Monument st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Robinson

DATE OF BIRTH (month, day, year) Aug. 17, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Robinson

14. BIRTHPLACE (city or town)
(State or country) Virginia

15. MAIDEN NAME Barbara Harden

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem. Date 9-21st 1933

19. UNDERTAKER Belmont Memorial & Knight
(Address) 2201 N. Caroline St.

Filed SEP 20 1933 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16 1933 to Sept. 18 1933

I last saw him alive on Sept. 18 1933. Death is said to have occurred on the date stated above, at 12.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	July 1933
Other contributory causes of importance:	
Pulmonary tuberculosis	Oct. 1930

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

E 93734 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93734

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Division St., 13-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Johnson

(a) Residence: No. 2327 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Johnson

6. DATE OF BIRTH (month, day, year) May 20/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	43	3	28 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 085

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Benjamin Johnson

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Lillie Kelloge

16. BIRTHPLACE (city or town) (State or country) S.C.

INFORMANT Annie Johnson
(Address) 2327 Division St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 9/20/33

UNDERTAKER Mrs. George F. Colton
(Address) 1661 Pennsylvania Ave

PLACE 20 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 17/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardioo-nephritic Disease	???

Other contributory causes of importance:

Indigestion -eaten pork etc.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. T. H. Cullen, M. D.
Coroner

(Address) 5086 Penna Ave

M. D. B. 1268-9

E 93735 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93735

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 McMechen St., 14-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie E. Turner (Turners)

(a) Residence: No. 524 McMechen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Frank W. Turner

6. DATE OF BIRTH (month, day, year) exact date unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 54	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Falmouth Va.
(State or country)

13. NAME ~~Unknown~~ Henry Byrd

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Eliza Clark

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Ada Brown daughter.
(Address) 528 McMechen St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Zion Date Sept 22, 1933

19. UNDERTAKER Mrs Geo K Hartman
(Address) 1431 Druid Hill Ave

FILED P 20 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Sept 17, 1933

I last saw h.. alive on Sept 16, 1933 Death is said to have occurred on the date stated above, at 7 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	3 Mon.
Other contributory causes of importance:	
Broncho-Pneumonia	2 days

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R J Young M. D.

(Address) 1429 E Monument St

H. D. B. 1268-9

E 93736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ronald Poole

(a) Residence: No. 627 Eye St. St., Ward. Sparrows Point

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/9/33

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Townsend Poole

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Daisy Mason

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Lincoln Date Sept 20, 1933

19. UNDERTAKER Lynn & O'Connor

(Address) 636 E. Fayette St.

DATE 9-20 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-16, 1933 to Sept-15, 1933.

I last saw him alive on Sept-15, 1933 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia.	9/12/33

Other contributory causes of importance:

Malnutrition

Congenital syphilis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins

Spec.—1-12-23—M&T—500 Bks.

93737

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93737

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Annapolis Rd ST. 25-01 WARD)

2-FULL NAME Sam Woods.

(a) RESIDENCE No. 3011 Annapolis Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Woods.

DATE OF BIRTH (month, day, and year): Oct 8 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

BIRTHPLACE (city or town) (State or country): W. Virginia

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

Informant: Mary Woods.

(Address) 3011 Annapolis Rd.

Filed Sept 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933, to Sept 19, 1933, that I last saw him alive on Sept 17, 1933, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) no yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Tentative.

(Signed) R V Glenn, M. D.

Sept 19 1933 (Address) 2708 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Lion Cem Sept 23 1933

DATE OF BURIAL

20 UNDERTAKER: Joseph A Lively. 4099 N Mount St

ADDRESS

M. D. B. 1268-9

✓ E 93738

93738 1904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Carrie Moore

(a) Residence: No. 410 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-16-06

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Snowden

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Sept 20, 1933

19. UNDERTAKER Joseph G. Livezey
Address 1698 N. Mount Street

20. FILED Sept 20 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933 to Sept 15, 1933.

I last saw her alive on Sept 15, 1933. Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary infarction	9-14-33
? embolus.	9-14-33
Chronic rheumatic endocarditis	1931?
Mitral stenosis & insufficiency	
Myocardial failure	1930

Other contributory causes of importance:

Pulmonary edema.	
~~Hepatic insufficiency~~	
Aortic Syphilis (latent)	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

93739 HEALTH DEPARTMENT—CITY OF BALTIMORE 93739

CERTIFICATE OF DEATH

94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Holmes Ave. St. 13-al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Rosenthal

(a) Residence: No 3411 Holmes Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hyman Rosenthal

DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc

(Address) 1432 Gable St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship 9/30 1933

19. UNDERTAKER Jack Lewis Inc

(Address) 14 Washington Pl. Baltimore Md

Filed 9 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20- 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10 1926 to Sept 20 1933

I last saw h... alive on Sept 20 1933 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary thrombosis	Recent
Other contributory causes of importance:	
Hypertension	1926

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) 1810 Eutaw Pl

M. D. B 1268-9

E 93740

HEALTH DEPARTMENT—CITY OF BALTIMORE

93740

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves St., 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Horton

(a) Residence: No. Pennsylvania Ave., St., Rosemont, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — ~~HUSBAND of~~ (or) WIFE of: James N

6b. DATE OF BIRTH (month, day, year): 1893 (1893)

7. AGE: Years: 40 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 03

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Bernard Mullen

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary Reynolds

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Mary Mullen

(Address) 926 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 22, 1933

19. UNDERTAKER: Rita Winfield

(Address) 914 Rosemont Ave

Filed ..... 19..... Registrar .....

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1933 to Sept 19, 1933

I last saw her alive on Sept 19, 1933 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	

Other contributory causes of importance:

Localized Pelvic Cellulitis	
Lung abscess.	
Septicemia (?)	7

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John C. Dunbar M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

3741

7 Hawkins Point Rd ✓ E 93741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St., 17-91 Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? 3 yrs. mos. ds.

2. FULL NAME Twilling [illegible] Hassell

(a) Residence: No. 7 Hawkins Point Rd St., Curtis Bay, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Julia Estelle Hassell

6. DATE OF BIRTH (month, day, year): Aug 11, 1876

7. AGE: Years 57 | Months 1 | Days 9 | If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cost Guard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Indies

13. NAME: John Hassell

14. BIRTHPLACE (city or town) (State or country): W. Indies

15. MAIDEN NAME: Elizabeth Holm

16. BIRTHPLACE (city or town) (State or country): W. Indies

17. INFORMANT (Address): Records U. S. Marine Hospital

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Sept 23 '33

19. UNDERTAKER (Address): Margaret J. Flynn 1107 N. Eutaw St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6:00 PM 9/19/33 19... to 12:30 AM 9/20/33 19...

I last saw h[illegible] alive on ... 19... Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

Hypertension Ht. disease with decompensation

Date of onset

Other contributory causes of importance:

Rt hemiplegia

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E C Brenchley M. D.

(Address) U. S. Marine Hosp

AaCo. 5-31 250B

✓ E 93742

3742

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. 26-01

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 4207 Kenwood Ave. St., Raspeburg Ward)

ngth of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa M. Claassen

(a) Residence: No. 4207 Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Diderich Claassen

DATE OF BIRTH (month, day, year) Apr. 8, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Emanuel F. Mattes

14. BIRTHPLACE (city or town) (State or country) Wurtenburg Germany

15. MAIDEN NAME Caroline Metzger

16. BIRTHPLACE (city or town) (State or country) Wurtenburg Germany

INFORMANT Mr. Diderich Claassen

(Address) 4207 Kenwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Sept. 21 1933

UNDERTAKER Frederick Lansdale Sons

(Address) 7401 Belair Road

Filed Sept 22 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933 to Sept 18, 1933

I last saw h-- alive on Sept 15, 1933 death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept 14 '33
Other contributory causes of importance: Hypostatic Pneumonia	Sept 14 '33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) L. Harding M. D.

(Address) 4810 Belair Rd.

D 1933

M. D. B. 1268-9

E 93743

HEALTH DEPARTMENT—CITY OF BALTIMORE

3743

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2 N. Hare St., 6-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence O. Toole
(a) Residence: No. 2 N. Hare St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 22 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	28 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 09
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) England
13. NAME Daniel O. Toole
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Catherine Rafferty
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Mrs Joseph. Ashba
(Address) 2 N. Hare St.
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Red. Date Sept. 21, 1933
19. UNDERTAKER Leon E. Ralph
(Address) Huntington Williams Ave
Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933, to Sept 19, 1933
I last saw him alive on Sept 18, 1933. Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Pneumonia	9/14/33

Other contributory causes of importance:
Endocarditis
Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No, specify
(Signed) M. F. Mayer M. D.
(Address) 607 E Baltimore St

M. D. B. 1263-9

✓ E 93744

93744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E. 27th St St. 12-01 Ward)

Length of residence in city or town where death occurred ~~Life~~ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walton D. Mc Mullen

(a) Residence: No. 322 E. 27th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise M Mc Mullen

6. DATE OF BIRTH (month, day, year) Aug 30 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 078

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Talbot D. Mc Mullen.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Margaret Trigg.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louise M. Mc Mullen

(Address) 322 E. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Sept 22, 1933

19. UNDERTAKER Thanhouser & Son

(Address) 3615-17 Edmondson Ave.

20. FILED Sept 20, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933 to Sept 19, 1933

I last saw h[illegible] alive on Sept 19, 1933 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Tuberculosis	1925
Other contributory causes of importance; Chronic Myocarditis	6 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel T. Thanhouser, M. D.

(Address) 6 East Lexington St

ACo. 5-11 2508

93745

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93745

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Baltimore General Hospital Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Foster

(a) Residence: No. Sinai Avenue St., Ward. Mt. Washington
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Foster

DATE OF BIRTH (month, day, year) Feb 22, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Penna.

13. NAME George Truxum

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Earl Foster

(Address) Smithsburg Md. Route

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 23, 1933

UNDERTAKER Thompson & Son

(Address) 1615-17 Edmondson Ave.

FILED 1933 Hattie Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/33

22. I HEREBY CERTIFY, That I attended deceased from 9/18/33, 19..., to 9/20/33, 19...

I last saw her alive on 9/20/33, 19... death is said to have occurred on the date stated above, at 4 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular-renal disease	2
Hypertension, secondary	

Other contributory causes of importance:

Apoplexy	2 days

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Cuppett, M. D.

(Address) 6 E. Balto. Street

M. D. B. 1268-9

E 93746

93746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William List

(a) Residence: No. 2129 Pike Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillie List.

6. DATE OF BIRTH (month, day, year) Sept 12, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William List

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Lola Anna Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mount Cathedral Date Sept 22, 1933

19. UNDERTAKER Thompson Bros.

(Address) 34 S. 17 St. Baltimore, Md.

Herbert Williams, M.D. Registrar.

FILED Oct 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933 to Sept 19, 1933

I last saw h.m alive on Sept 19, 1933. Death is said to have occurred on the date stated above, at 8:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive & Arteriosclerotic Cardiovascular Disease	1½ yrs.
Chronic Interstitial Nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 93747

HEALTH DEPARTMENT—CITY OF BALTIMORE

93747

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (Or) Baltimore City Hosp. St. 12-Gl (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Glassmyer

(a) Residence: No. 116 W. 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Glassmyer Dec'd

7. DATE OF BIRTH (month, day, year) April 14 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm R. Lewis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah Cross

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's, Hampden Sept 23, 1933

19. UNDERTAKER Chenoweth & Son (Address) 3615-17 Chestnut Ave

20. FILED SEP 29 1933 Huntington Fitz Registrar. # 11147

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933 to Sept 20, 1933. Last saw h.. alive on Sept 20, 1933 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Lymphangitis, Left	4 days
& Lymphagia, right	
Diabetes Mellitus	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel M. D.

(Address) Balt. City Hosp.

D. B. 1268-9

93748 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93748

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Ryan St. St. 21-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Dorsey.

(a) Residence: No. 919 Ryan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

If married, widowed, or divorced: (or) WIFE of xxxxxx John Dorsey.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Thomas Coughlin.

(Address) 919 925 McHenry St.

BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem 9/21 1933

UNDERTAKER John J. Coogan & Son

(Address) 36 Hollins St

FILED 20 1933 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto A. Reinhardt Coroner, M. D.

9/20/33 (Address) 1017 E. Charles St.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93749 E 93749

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. East St. 1-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Briemann

(a) Residence: No. 118 S. East Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6a. If married, widowed or divorced
HUSBAND of (or) WIFE of Henry

7. DATE OF BIRTH (month, day, year) 1862

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Briemann

(Address) 118 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED SEP 21 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 8 30

21. DATE OF DEATH (month, day, year) Sept 19 1933 P.M.

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1933 to 9/19 1933

I last saw h. alive on 9/19 1933 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acc Burn Ordema	4 hr.
Other contributory causes of importance: Chr Int Nephritis Chronic Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Hugh H. Hudley, M. D.

(Address) 3528 Baltimore

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93750

CERTIFICATE OF DEATH

E 93750

186-001

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. St. Joseph Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 3½ yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

. FULL NAME Clarabelle Luce Kilbourn

(a) Residence: No. 4811 Gwynn Oak Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Kilbourn

DATE OF BIRTH (month, day, year) Sep 12/1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Warsaw, Ind,

13. NAME Daniel Luce

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Margaret McConnell

16. BIRTHPLACE (city or town) (State or country) U.S.

INFORMANT (Address) Mrs Geneva Helare 4811 Gwynn Oak Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sep 23rd 1933

UNDERTAKER (Address) Wm Cook 1217 St Paul St

Filed SEP 21 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 19/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

Toxemia- Paralytic Ileus — Date of onset

Other contributory causes of importance:

Fracture Left hip — Sep 12/33

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury Sep 12/33

Where did injury occur? in home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell 2 steps down stairway-

Manner of injury 2nd to 1st floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S McCann, M. D.

(Address) 1518 E Monument

Coroner

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93751

93751

CERTIFICATE OF DEATH

164 001

Registered No.

1. PLACE OF DEATH — Dead on arrival at Maryland General Hospital 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Vernon Summalt

(a) Residence: No. 836 Eutaw St North St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Hazel

DATE OF BIRTH (month, day, year) May 3/1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Plumber 059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

13. NAME — Robert Summalt

14. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

15. MAIDEN NAME — Lillie Llewelen

16. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

INFORMANT — Doris Summalt

(Address) 836 N. Eutaw St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 22nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 18/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at near 4 P.M. m.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide of injury . 19

Where did injury occur? 836 N. Eutaw St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 4 gas jets of kitchen range on

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Carnes M. D. Coroner

(Address) 508 E. N ave

M. D. B. 1268-9

93752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93752

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Tilest St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Rossmark

(a) Residence: No. 2528 Tilest St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Georg Rossmark

DATE OF BIRTH (month, day, year) Feb. 6th 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 031

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Vandrau

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Rosina Baow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose Arthur daughter

(Address) 2528 Tilest St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Sept. 22nd 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 E. Baltimore St.

20. FILED ... 19... Registrar.

SEP 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from September 15 1933, to Sept 19 1933

I last saw her alive on Sept 19 1933. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic diabetes mellitus	
Other contributory causes of importance:	
Chronic interstitial nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? Fehling's Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Francis Johnston M. D.

(Address) 2431 Eutaw

M. D. B. 1268-9

33753 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 33753

CERTIFICATE OF DEATH V 34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 701 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Henry Schroll

(a) Residence: No. 723 N. Curley St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose [redacted] Schroll

7. DATE OF BIRTH (month, day, year) Sept 20, 1888

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Paul Schroll

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn. Date Sept 23, 1933

19. UNDERTAKER Little Zeller Sons
(Address) 1630 E. Monument

20. FILED Oct 2, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933 to Sept 19, 1933
I last saw him alive on Sept 19, 1933 Death is said to have occurred on the date stated above, at 7 to P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Cardiovascular Disease	
c Luetic Aortitis, Aortic	
Insufficiency & Coronary Occlusion	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. H. Burns, M. D.
(Address) Mercy Hospital

E 93754

E 93754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 N. Read St., 11 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter J. White

(a) Residence: No. 314 N. Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE Lillian T. White

6. DATE OF BIRTH (month, day, year) June 16 - 1875

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	4	

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning & Dyeing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G.W.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas White

14. BIRTHPLACE (city or town) (State or country) Boston, Mass

15. MAIDEN NAME Mary Roche

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Lillian T. White
(Address) 314 N. Read St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Sept 23 1933

19. UNDERTAKER Chas P. Bauer & Son
(Address) 11 W. Mt. Royal Ave

20. FILED SEP 21 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/19 1933 to 9/20 1933

I last saw him alive on 9/20 1933. Death is said to have occurred on the date stated above, at 10 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated bowel ulcer	9/19/33

Other contributory causes of importance: Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dr. Gilchrist M. D.

(Address) 403 Park Ave

E 93735 —130 M 8-T—250 Bks.

E 93755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3229 Cliftmont Ave ST., N-21 WARD)

2-FULL NAME Frederick Lewis Barrett

(a) RESIDENCE NO. 3229 Cliftmont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Anna M. Barrett

DATE OF BIRTH (month, day, and year) Aug. 22, 1867

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	-	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Am. Medicinal Spirits Co.

BIRTHPLACE (city or town) (State or country) Pierre, So. Dakota

10 NAME OF FATHER Walter Lewis Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. F. M. Barrett

(Address) 3229 Cliftmont Ave

Filed SEP 21 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20-33

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Sept. 20, 1933,

that I last saw him alive on Sept. 16, 1933,

and that death occurred, on the date stated above, at 9:45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? Yes Date of Jan. 5th, 1933

Was there an autopsy? No

What test confirmed diagnosis? Operation in Jan.

(Signed) M. C. Fahrenkamp, M. D.

, 19 (Address) 316 So. Bentalou St Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Sept 23, 1933

20 UNDERTAKER John Ulrich

ADDRESS 200 E Baltimore

M. D. B. 1268-9

E 93756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93756

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Ranger & Dunbeland Sts. 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Lenning

(a) Residence: No. 2205 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary L Lenning

6. DATE OF BIRTH (month, day, year) Apr 16 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Odds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sporting Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John F. Lenning

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Barbara Steer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary L Lenning

(Address) 2164 Edmondson.

18. BURIAL, CREMATION, OR REMOVAL.

Place Baltimore Cem Date Sept 25 1933

19. UNDERTAKER John Wilcox

(Address) 2008 McCulloh

20. FILED SEP 21 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1933, to Sept 21, 1933

I last saw him alive on Sept 20, 1933 Death is said to have occurred on the date stated above, at 12.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Chronic Interstitial Nephritis	11/33
2. Chronic myocardial Disease	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John H. Bell M.D.

(Address) West Baltimore General Hosp.

E 93757

E 93757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Weyforth

(a) Residence: No. 1923 E. Chase St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Sept 23. 1933

19. UNDERTAKER John Ulrich

(Address) 2008 Pennsylvania Ave.

Huntington Matthews, Registrar.

SEP 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1933 to Sept 20 1933

I last saw him alive on Sept 20 1933 Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9 days
Chronic myocarditis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. P. Magruder M. D.

(Address) Balt City Hosp

E 93258

E 93758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 Wilkens Ave. St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Morrell Craig.

(a) Residence: No. 3621 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna A. Craig.

6. DATE OF BIRTH (month, day, year) November 21. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw Hat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John M. Craig.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Fannie Davis,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Edna A Craig

(Address) 3621 Wilkens Ave.

18. BURIAL or CREMATION Mountain View Cem. SEP 22 1933

Place Howard Co. Md. Date 19

19. UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave.

Huntington Williams, M.D.

SEP 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 20 1933 19

22. I HEREBY CERTIFY, That I attended deceased from July 29/33 19 to Sept. 20/33. 19

I last saw him alive on Sept. 19/33. 19 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Sept 20/33
Other contributory causes of importance:	
Chronic Arterio Sclerosis.	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Mead Craig

(Address) 933 Hanover st.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93759 / 108 E 93759

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2247 E Preston St. 6-01 Ward)

Length of residence in city or town where death occurred ....yrs. 3 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Thomas P. Plummer

(a) Residence: No. 2247 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 30, 1933

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas P. Plummer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cecelia Foreman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thomas P. Plummer
(Address) 2247 E. Preston

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 21, 1933

19. UNDERTAKER Frank V. Lepitopo
(Address) 2915 E. Balto St.

20. FILED Sept 22 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933 to Sept 21, 1933

I last saw him alive on Sept 21, 1933 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lob Pneumonia, 1 day	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Jos L. Vohden M. D.

(Address) 1 E 20 Mount

M. D. B. 1268-9

E 93760

3760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill St., 17-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hall

(a) Residence: No. 124 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) ? 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William Dyer

(Address) 124 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL Place Stony Creek Va Date 9/22/33

19. UNDERTAKER Mrs George H Holland

(Address) 1 E Preston St Hall Apt

Huntington Williams M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1933 to 9-20 1933.

I last saw her alive on 9-20 1933. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	over
Other contributory causes of importance: Pulmonary Hemorrhage	1920

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Hayes M. D.

(Address) Provident Hospital

M. D. B. 1268-0

93761

(Amanda Moore)

E 93761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Home, 1701 Eutaw St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Moore

(a) Residence: No. 1500 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A.

DATE OF BIRTH (month, day, year) Feb. 19-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME E. Fisher

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Hornsby (Address) 1500 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 9/21/33

19. UNDERTAKER Mrs. George R. Hall & Son (Address) 1631 Druid Hill Ave

Washington Hollowell

19 Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933 to Sept. 18, 1933

I last saw her alive on Sept. 17, 1933 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Apoplexy	9/11/33
Other contributory causes of importance: Chronic Renal Disease	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) H. H. Hartzell M. D.

9/19/33 (Address) 1500 W Lanvale Ave

H. D. B. 1268-9

E 93762

93762 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

53

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. (or Ward) 4-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helfden Sorensen

(a) Residence: No. 301 Guilford Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sorensen (Sp

DATE OF BIRTH (month, day, year) July 31, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter (Ho

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

13. NAME Hans Sorensen

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Marie Jacobsen

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Sept 21, 1933

19. UNDERTAKER [illegible]
(Address)

FILED 1933 12. [illegible] Registrar.

0845

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1933 to Sept 17, 1933

I last saw him alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 8 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of cervical glands	2 mos?

Other contributory causes of importance:

Name of operation Tracheotomy Date of 9-16-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Phagel, M. D.

(Address) Balt City Hosp.

M. D. B. 1265-9

E 93763

93763 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., No-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25- yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Hunter

(a) Residence: No. None St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Aug 15, 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Bristol (State or country) Pa

13. NAME John Hunter

14. BIRTHPLACE (city or town) Bristol (State or country) Pa

15. MAIDEN NAME Minnie Kelly

16. BIRTHPLACE (city or town) U. S. A. (State or country)

17. INFORMANT Rands

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med College Date Sept 21 19 33

19. UNDERTAKER .....

(Address) Huntington, West Virginia

20. FILED Sept 21 1933 Registrar.

0846

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1933 to Sept 17, 1933

I last saw him alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 1 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, bilateral	?
Pulmonary hemorrhage -	12 hrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magee M. D.

(Address) Balt. City Hosp.

H. D. B. 1268-9

✓ E 93764

HEALTH DEPARTMENT—CITY OF BALTIMORE

93764

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 18-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Maguire

(a) Residence: No. 765 W. Lexington st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 17, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reporter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newpaper 886

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Frank P. Maguire

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Ida M. Kurtz

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 23 19 33

19. UNDERTAKER J. Vernon Kehner
(Address) 632 Lexington Building, Baltimore, Md.

20. FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1932, to Sept. 20, 1933

I last saw him alive on September 20, 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1931
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C. Straw, M. D.

(Address) Baltimore City Hospitals

H. D. B. 1368-9

✓ E 93765

93765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 9-01 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jose R. Gomez

(a) Residence: No. 716 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 8, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 5-1-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balboa
(State or country) Spain

13. NAME Frederick Gomez

14. BIRTHPLACE (city or town) Spain
(State or country)

15. MAIDEN NAME Julia Ruiez

16. BIRTHPLACE (city or town) Spain
(State or country)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's 5th Ref. Cem. Date Sept. 23, 1933

19. UNDERTAKER Sem. I. C. Sons
(Address) Baltimore Highway.

20. FILED 1 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1933, to September 20, 1933

I last saw him alive on Sept. 20, 1933 Death is said to have occurred on the date stated above, at 2.49 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitrall Stenosis	Unknown
Auricular fibrillation	Unknown
Cardiac hypertrophy and dilatation	

Other contributory causes of importance:

Shock, hemorrhage	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B.W. Patton M. D.

(Address) U.S. Marine Hospital

H. D. B 1268-9

93766 ✓ E 93766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long In U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Gilmore Young

(a) Residence: No. Louisburg - Texas. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed or divorced WIFE of (or) HUSBAND of Eugenia Hyman

DATE OF BIRTH (month, day, year) Feby 29 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Tennessee

13. NAME OF FATHER Christian Armstrong

14. BIRTHPLACE (city or town) (State or country) Tennessee

15. MAIDEN NAME OF MOTHER Margaretha Reichard

16. BIRTHPLACE (city or town) (State or country) Texas

INFORMANT Ward

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Louisburg Texas Date Sept 22. 1933

UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-14-1933 to 9-21-1933

last saw h.m alive on 9-21-1933. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Larynx.	1931 ?

Other contributory causes of importance:

Arteriosclerosis	?
Benign Prostatic Hypertrophy.	?

Name of operation Tracheotomy Date of 9-19-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Henry D. Stobbins M. D.

(Address) Johns Hopkins Hospital.

H. D. B. 1268-9

E 93767

93767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Alvarado St. 27th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Ingers

(a) Residence: No. 2805 Alvarado Ingers Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Pauline Ingers

DATE OF BIRTH (month, day, year) Oct 27-1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	10	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attendant of

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bath House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9 86

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Ingers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mildred Ingers

(Address) 2805 Alvarado St

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem Date 9-13-1933

19. UNDERTAKER Leonard V Rinck

(Address) 5303 Harford Road

20. FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to 9/10 1933

last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Ryan W Kelly M. D.

(Address) 5703 Harford Rd

M. D. B. 1268-9

✓ E 93768

3768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Arthur Wallenhorst (Annie E. Wallenhorst)

(a) Residence: No. 29 S. Gay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Arthur Wallenhorst

6. DATE OF BIRTH (month, day, year) Nov. 15, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69 6	69	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Charles Meister

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Marie Borschel

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Arthur Wallenhorst

(Address) 29 S. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 9/23, 1933

19. UNDERTAKER Henry A. Meakin and Son

(Address) 504 W. Calvert St.

FILED 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1933 to Sept. 21, 1933

I last saw her alive on Sept. 21, 1933 Death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Appendicitis	Sept 9 '33
Other contributory causes of importance:	

Name of operation Drainage of appendical abscess Date of 9/17/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Warman M. D.

(Address) Mercy Hospital

D. B. 1268-9

3769 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 3769

CERTIFICATE OF DEATH

× 154

Registered No. 11-61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David Hoffecker

(a) Residence: No. 519 D St (Usual place of abode) Sparrows Point, Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20/1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank S. Hoffecker

14. BIRTHPLACE (city or town) (State or country) Clayton, Del.

15. MAIDEN NAME Marie Burch

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 23. 1933

19. UNDERTAKER Henry W. Masterton

(Address) 1600 N. Calvert St

20. FILED 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 6.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Emboli	9/20/33

Other contributory causes of importance:

Osteomyelitis	9/14/33

Name of operation Currettment of bone Date of 9/20/

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Phelan M. D.

Coroner

(Address) 508 E North Ave

E 93770

276 849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Unl Lewis

(a) Residence: No. 1636 Mulliken St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/11/33

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jas de Lewis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ? Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Sept 21, 1933

19. UNDERTAKER
(Address)

20. FILED 1933 Sept 21 0838 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-13, 1933, to Sept 13, 1933
I last saw her alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 10:50 p m.

The principal cause of death and related causes of importance were as follows:
Intracranial hemorrhage — Date of onset Birth

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John A. Lewis Washington, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-0

✓ E 93771

93771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 1-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Jonczak

(a) Residence: No. 2214 Fleet St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/8/33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1 week	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation..

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Ida Jonczak.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elsie Sinkewicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Bel Med College Date Sept 21, 1933

19. UNDERTAKER
(Address)

1933 0849 19... NKH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-15, 1933 to Sept 16, 1933.
I last saw her alive on Sept-16, 1933. Death is said to have occurred on the date stated above, at 5-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John H. Wuorinen M. D.

(Address) Johns Hopkins

M. D. B. 1268-9

✓ E 93772

93772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Baby Bowen

(a) Residence: No. 250 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word).

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE — Years | Months | Days | If LESS than 1 day, 5 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Joseph Bowen

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Belva Kilbain

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Sept 21, 1922

19. UNDERTAKER
(Address)

FILED ... 1922 ... Registrar.

1922 00850

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15/22 19

22. I HEREBY CERTIFY, That I attended deceased from 9/15/22, 19, to 9/15/22, 19

I last saw h[illegible] alive on 9/15/22, 19. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial injury	9/15/22
	9/15/22

Other contributory causes of importance:

Congen. atelectasis	9/15/22

Name of operation ... Date of ...

What test confirmed diagnosis? atlas Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Harvey A. Stout M. D.

(Address) Johns Hopkins Hospital.

M. D. R. 1268-9

✓ E 93773

93773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 115-001

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sydenham Hospital St., 14-54 (Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Butcher (Emma Butcher)

(a) Residence: No. 1610 Fairlawn St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 8, 1872 Feb 8 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61 62	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Factory) 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME William Butcher

14. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

15. MAIDEN NAME Elmira Cromwell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emma Butcher

(Address) 1610 Fairlawn St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 22 1933

19. UNDERTAKER Fred H. Cook

(Address) 1003 N. Baltimore St.

Registered by Huntington Williams, M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1933 to Sept 17 1933

I last saw h alive on Sept 18 1933. Death is said to have occurred on the date stated above, at 5.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia Lingua	Sept 13
Bronchial Pneumonia	Sept 8

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Blood Picture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Lachman M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

E 93774

3774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Port St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Biedenbach

(a) Residence: No. 503 N. Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: August Biedenbach

6. DATE OF BIRTH (month, day, year): Jan. 4, 1863

7. AGE: Years: 70 | Months: 8 | Days: 16 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Andrew Foster

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Ida Ulrich

(Address): 503 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Mathews Date: Sept. 22 1933

19. UNDERTAKER: Mrs. E. Miller & Son

(Address): 2225 Jefferson St.

20. FILED: 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Sept 19 33

I last saw her alive on Sept 14 33. Death is said to have occurred on the date stated above at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerotic Cardio - Vascular Disease

Date of onset

Other contributory causes of importance:

Cerebral Apoplexy -

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Heaver M. D.

(Address) Med. Arts Bld.

D. B. 1268-9

3775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33775

CERTIFICATE OF DEATH

1157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Everlander

(a) Residence: No. 1123 Somerset St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of "

DATE OF BIRTH (month, day, year) Sept. 17 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jessie Everlander

14. BIRTHPLACE (city or town) (State or country) Hanover Pa.

15. MAIDEN NAME Catherine Faust

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Jessie Everlander

(Address) 1123 Somerset St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Sept 22 1933

UNDERTAKER Edgar W. Cooke

(Address) 224 E. Eager St.

FILED 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Bacon, M. D. Coroner

(Address) 508 E. North Ave

D. B. 1268-9

93776

HEALTH DEPARTMENT—CITY OF BALTIMORE

93776

CERTIFICATE OF DEATH

Registered No. 6-012210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Florent Baumgartner

(a) Residence: No. 1230 N. Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~
HUSBAND of (or ~~WIFE of~~) Clara Baumgartner

DATE OF BIRTH (month, day, year) Jan 17th 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 563
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. James H. Downs
8. Date deceased last worked at this occupation (month and year) Sept 1933 | 11. Total time (years) spent in this occupation 45

9. BIRTHPLACE (city or town) (State or country) Penna
10. NAME Florent Baumgartner Jr.
11. BIRTHPLACE (city or town) (State or country) France
12. MAIDEN NAME Pauline Rouvoiffier
13. BIRTHPLACE (city or town) (State or country) France
14. INFORMANT Clara Baumgartner
(Address) 1230 N. Broadway
15. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 22nd 1933
16. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED SEP 22 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 to Sept 19 Death is said I last saw h alive on Sept 19 to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock

Date of onset

Other contributory causes of Importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/13, 1933

Where did injury occur? Chase & Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Yokum Coroner M. D.

(Address) 2188 E Monument St

D. H. 1268-9

93777 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93777

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E. Pratt St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Gordman

(a) Residence: No. 1921 E. Prath St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk Wagon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Jennie Goodman (Wife)

(Address) 1921 E. Prath St

BURIAL, CREMATION, OR REMOVAL Place Hebrew Mt Carmel Date Sept 22, 1933

UNDERTAKER Jake Lewis Inc

(Address) 1921 E. Baltimore St

FILED SEP 22 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D. Coroner

(Address)

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

3778 E 93778

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 3030 Rosalind Av St. 27-ol Ward)

ngth of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Zimmerman

(a) Residence: No. 3030 Rosalind Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm F Zimmerman

DATE OF BIRTH (month, day, year) July 3-1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto City

12. NAME John Meisner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Tasbner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. L. Frasher
(Address) 3130 Rosaland Ave

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 23, 1933

UNDERTAKER A. S. Marshall
(Address) 3339 Falls Road

FILED ..... 19.. ..... Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to September 1933
I last saw her alive on Sept 14, 1933 death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac disease	1929

Other contributory causes of importance:
Pulmonary edema

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H H Owens M. D.
(Address) 3429 Chestnut Ave

D. B. [illegible] 93779 ✓ E 93779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6213 York Road St., 27-6 (Ward)

Length of residence in city or town where death occurred 88 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Virginia Myers

(a) Residence: No. 6213 York Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm George Howard Myers

DATE OF BIRTH (month, day, year) July 1st 1845

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	7	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) — —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Andrew Flannegain

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Catherine Eliza Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Howard Myers

(Address) 6213 York Road

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Sept 22 1933

UNDERTAKER Joseph B. Jarboe & Bro Co

(Address) McCulloh & Orchard

FILED SEP 22 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1931 to September 20th 1933

I last saw h er alive on September 20th 1933 Death is said to have occurred on the date stated above, at 12 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1913 ?
Arteriosclerosis	"
Chronic bronchitis	"
Emphysema	"
Other contributory causes of importance: Bronchopneumonia	Sept 16th 33

Name of operation None Date of —

What test confirmed diagnosis? Physical examination. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) A. J. Claffant M. D.

(Address) 6205 York Road

c. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93780

3780

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 1022 N. Eden ST. 10-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Sheck.

(a) RESIDENCE NO. 1022 N. Eden ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	widow

f married, widowed, or divorced the late
HUSBAND of (or) WIFE of Thomas J. Sheck

ATE OF BIRTH (month, day, and year) Not known

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Norfolk Va.

0 NAME OF FATHER Jane Odrud'hal

1 BIRTHPLACE OF FATHER (city or town) Norfolk (State or country) Va

2 MAIDEN NAME OF MOTHER M. Livingston

3 BIRTHPLACE OF MOTHER (city or town) Norfolk (State or country) Va

Informant W. J. Sheck

(Address) 1022 N Eden

Filed SEP 22 1933 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 20, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1932, to Sept 20, 1933, that I last saw h[illegible] alive on Sept. 20, 1933 and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Recurrent)
Chronic Parenchymatous Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) Thos. J. A. Stearns M. D.

9-21, 1933 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, statr (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer Cemetery — DATE OF BURIAL Sept. 23 1933

20 UNDERTAKER Henry Heck & Sons Inc. — ADDRESS 1301 E Eager St

D. B. 1268-9

93781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93781

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 561 Baker St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Meredith Griffin

(a) Residence: No. 561 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 24/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Richard Bowen

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sophia Griffin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sophia Griffin
(Address) 561 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 22 1933

19. UNDERTAKER T. E. Kelson
(Address) 1383 Eastman St

20. FILED Sept 22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-4 days
Other contributory causes of importance: Whooping Cough (History given)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Heuisler M. D.
Coroner

(Address) 506 E Monument

E 93782

93782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-01 Ward)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~John~~ Thos. Lassen

(a) Residence: No. 4014 Woodhaven Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Gladys Lassen

DATE OF BIRTH (month, day, year) Aug 21, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Last~~	28	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Keys Ind.

13. NAME Thos. Lassen Jr.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Fitch

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT Mrs Gladys Lassen

(Address) 4014 Woodhaven Ave

18. BURIAL, CREMATION OR REMOVAL

Place Falls Church Va Date Sept 23 1933

19. UNDERTAKER Wm McKew & Sons

(Address) Undertakers Funeral Home Huntington Millersville

Registrar.

SEP 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/12/ 1933 to 9/24 1933

I last saw him alive on 9/24 1933. Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	9/4/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Lassen M. D.

(Address) 4014 Woodhaven Ave

H. D. B. 1268-9

93783 E 93783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-91 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George H. Klingstine

(a) Residence: No. Calvert & Centre Apts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced — HUSBAND of (or) WIFE of Emily N. Klingstine

DATE OF BIRTH (month, day, year) Apr. 11 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Penn.

13. NAME George Klingstine

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Penn

15. MAIDEN NAME Mary Louise Heppe

16. BIRTHPLACE (city or town) (State or country) New York City

INFORMANT Mrs. Emily N. Klingstine
(Address) 7 Calvert Courts

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Sept 22 1933

UNDERTAKER [illegible] Funeral Parlors
(Address) North & Pine Sts

FILED SEP 22 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1933 to 9-20, 1933

I last saw him alive on 9-20, 1933. Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenosarcinoma of rectum	Feb 1931 (?)
Other contributory causes of importance:	
Cardiac failure with passive congestion	8 15 33

Name of operation Colostomy Date of 8-5-33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

E 93784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93784

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N. Hughes St.) (6-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J Barker

(a) Residence: No. 931 N. Hughes St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) 11/21/1892

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soy Bean

10. Date deceased last worked at this occupation (month, day, year) April 1933

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Mt Airy MD

13. NAME OF FATHER William Barker Sr

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME OF MOTHER Lettie Collins

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Johnnie Barker
(Address) 1304 S. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem Co
Place Hermanville St Date Sept 28 1933

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St.

FILED Sept 29 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/33

22. I HEREBY CERTIFY, That I attended deceased from 9/17/33 to 9/19/33

I last saw him alive on 9/17/33 19... Death is said to have occurred on the date stated above, at 6:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Tbc. Tuberculosis	9/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Lee Bliss M. D.

(Address) East Monument

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93785

CERTIFICATE OF DEATH

13 E 93785

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 N Spring St., 9-Bl Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Lee

(a) Residence: No. 1838 N Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Vini Lee

7. DATE OF BIRTH (month, day, year) Exact date unknown

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70			

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~none~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ruth Lee
(Address) 1838 N Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9-22 1933

19. UNDERTAKER Wm H. Hill & Son
(Address) 1911 Pennsylvania Ave

20. FILED Hunter-Lee Williams M.D.
Registrar.
SEP 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1933 to Sept 20 1933
I last saw him alive on Sept 19 1933 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	Nov 1932

Other contributory causes of importance:
Hypostatic, pneumonia, bronchitis

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

H. D. B. 1268-9

E 93786 HEALTH DEPARTMENT—CITY OF BALTIMORE 93786

CERTIFICATE OF DEATH

✓ 92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N. Caroline St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anne Foley

(a) Residence: No. 1501 N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 18, 1854

AGE Years	Months	Days	If LESS than 1 day ## hrs. or ## min.
79	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick Foley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie K. Flynn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary A Foley

(Address) 1501 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Sept. 23, 1933

19. UNDERTAKER George D. Smith & Son

(Address) 1701 Madison Ave

20. FILED Sept 22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1933 to Sept. 20, 1933.

I last saw her alive on Sept. 20, 1933. Death is said to have occurred on the date stated above, at 4:12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation & Myocarditis	1928
Other contributory causes of importance: Cerebral Hemorrhage	9/10/33

Name of operation Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Albert G. Singewald M. D.

(Address) 1613 E. North Ave.

E 93787

E 93787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Bolton St. 11-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Wall

(a) Residence: No. 1214 Bolton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charity

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60	yrs		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norwood, N.C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Rachel Calloway

16. BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Mrs F.O.Brawner (Daughter)
(Address) 1214 Bolton St

BURIAL, CREMATION, OR REMOVAL
Place Norwood N C Date Sept 24 1933

UNDERTAKER Chas H Callaway
(Address) 1434 McCulloh St

FILED SEP 27 1933 Stinton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 21/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 6 A.M. In

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Arteriosclerosis ???

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Greene Coroner, M. D.

(Address) 108 E Fort Ave

D. H. 1268-8

E 93788

HEALTH DEPARTMENT—CITY OF BALTIMORE

93788

CERTIFICATE OF DEATH

V 157-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Ashland Ave St. 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernst Colbert

(a) Residence: No. 1023 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec /32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Wm White

14. BIRTHPLACE (city or town) (State or country) Sussex Co., Va

15. MAIDEN NAME Georgie Colbert

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Wm White

(Address) 1023 Ashland Ave

BURIAL, CREMATION, OR REMOVAL

Place Jefferson Hill Med College Date Sept 22 19 32

UNDERTAKER Commissioner Health.

(Address) ~~Baltimore, Md.~~ Jefferson Hospital

FILED 2-1933 08:51 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 21/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Malnutrition (Probable) — Date of onset

Other contributory causes of importance:

Congenital Brain Malformation (Hopkins Records)

Name of operation Date of

What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. H. Waring Coroner . M. D.

(Address) 508 E Madison

ACo. 5-H 2508

E 93789

HEALTH DEPARTMENT—CITY OF BALTIMORE

3789

CERTIFICATE OF DEATH

v 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2412 Annapolis Ave (Ward) 15-61

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Jackson

(a) Residence: No. 2412 Annapolis Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed or divorced (or) WIFE of: Theophelus Jackson

6. DATE OF BIRTH (month, day, year): 5-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Howard Co Md

13. NAME: Charles Smuthe

14. BIRTHPLACE (city or town) (State or country): Howard Co Md

15. MAIDEN NAME: Catherine Howard

16. BIRTHPLACE (city or town) (State or country): Howard Co Md

INFORMANT: Benjamin Fleet

(Address) 2412 Annapolis Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 23, 1933

UNDERTAKER: Mrs Katie L Williams

(Address) 3221 Edmondson Ave

FILED ..... 19..... Registrar.

E 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933 to Sept 20, 1933

I last saw her alive on Sept 20, 1933 death is said to have occurred on the date stated above, at 0.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No specify .....

(Signed) W. A. Howell M. D.

(Address) 601 Cathedral

M. D. P 1268-9

50 E 93790

93790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 E. Hoffman. St. St., 8-41 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada O. Cranmer

(a) Residence: No. 2326 E. Hoffman. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Heslin A. Cranmer.

DATE OF BIRTH (month, day, year) Feb. 9th 1872.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work. 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md.

13. NAME William P. Gordy.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Holland.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter B. Cranmer.

(Address) 2326. E. Hoffman. St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 23rd 1933

19. UNDERTAKER E. Schloman & Son

(Address) 1039 Hanover st

Huntington Williams, Reg.

FILED 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930 to Sept 20th, 1933.

I last saw her alive on Sept 20th, 1933. Death is said to have occurred on the date stated above, at 4 A., m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast.	8-1-30

Other contributory causes of importance: none

Name of operation Removal of breast Date of 6-15-30

What test confirmed diagnosis Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. T. Gordy. M. D.

(Address) Hanford Rd & Overlook Ave

D. B. 1268-9

E 93791

3791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

81-81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1014 S. Eutaw St. St. Ward)

ngth of residence in city or town where death occurred yrs. 38 mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lillian Brown.(C)

(a) Residence: No. 1014 S. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

If XXXXX widowed, of XXXXXX HUSBAND (or) WIFE of Edward Brown.(C)

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Ernest Gunther.(C)

(Address) 1014 S. Eutaw St.

BURIAL, CREMATION, OR REMOVAL Place Antrim Date Sept 22 1933

UNDERTAKER Samuel W. Chase & Son

(Address) 638 N. Eutaw St.

FILED SEP 24 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Enquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Steinhardt M. D. Coroner

(Address) 1017 E. Charles St. 9/22/33

M. D. B. 1268-9

E 93792

3792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 E. 21th St., 12-121 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sallie Phillips Clarke

(a) Residence: No. 321 E. 21th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Andrew Clarke

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Phillips

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Nash

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Harry B. Clarke
(Address) 321 E. 21th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Sept 23, 1933

19. UNDERTAKER John C Mitchell & Son
(Address) 1901 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Sept 21, 1933

I last saw her alive on June 20, 1933. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Peace, M. D.

(Address) 203 Cathedral St

H. D. B. 1268-9

E 93793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 2-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Irene Engelbach

(a) Residence: No. 200 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Theodore Engelbach

DATE OF BIRTH (month, day, year) April 15, 1875

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	58	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Phillips

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Carr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Sept 23 1933

19. UNDERTAKER Philip Herwig Sons
(Address) 216 Cathedral St.

20. FILED Sept 23 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8th, 1933, to Sept. 20th, 1933

I last saw h.. alive on Sept 20th, 1933 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	
Arteriosclerosis	

Other contributory causes of importance:

Pyelitis, acute	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Nugent, M. D.

(Address) JOHNS HOPKINS HOSPITAL

M. D. B. 1268-9

93794

E 93794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119 V

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. 21 ds. How long in U. S. If of foreign birth?.....yrs. .....mos. .....ds.

2. FULL NAME Ethel Bewlley

(a) Residence: No. Ellicott City Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Ellicott~~ Ellicott City Md.

13. NAME William Thomas Bewlley

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

15. MAIDEN NAME Anna Burrian

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Louis Cem Date Sept 23 1933

19. UNDERTAKER Easton Sons
(Address) Ellicott City.

20. FILED 1933 Huntington Williams MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1933, to Sept. 21, 1933
I last saw h.. alive on Sept 21, 1933. Death is said to have occurred on the date stated above, at 10.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	9/10/33
Diarrhoea	9/5

Other contributory causes of importance:

Nutritional disturbance	July 1

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) W. B. Sadler M. D.

(Address) Union Memorial Hospital

aCo. 5-31 250B

E 93795

3795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. Pulaski St. 19-01 Ward)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Steinman

(a) Residence: No. 28 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Steinman

6. DATE OF BIRTH (month, day, year) Feb. 24 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	28	1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Martin Steinman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Anna Bauer

(Address) 28 S. Pulaski St.

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 9/24 1933

UNDERTAKER George J. Schwab

(Address) 2-6 Eutaw Ave.

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/18 1933 to 9/21 1933

I last saw h alive on 9/21 1933 death is said to have occurred on the date stated above, at 8:30 P m

The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis
Hypertension

Date of onset F

Other contributory causes of importance:
Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas A Reese M. D.

9/22 1933 (Address) 2145 N Paca

M. D. B. 1268-9

93796 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93796

CERTIFICATE OF DEATH

XV 115-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 11-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mon. 2 da. How long in U. S. If of foreign birth? ..yrs. ..mon. ..da.

2. FULL NAME Joseph C. Joyce M.D.

(a) Residence: No. 197 Prince Jorge St, Annapolis, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Joyce

DATE OF BIRTH (month, day, year) Feb 24 1889

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	44	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 052

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co Md.

13. NAME Elyse Joyce

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elsa Collins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records University Hospital

(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Date Sept 23 1933

19. UNDERTAKER John N. Taylor

(Address) Annapolis Md.

20. FILED Sept 23 1933 Herrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Septr 22 1933

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1933, to September 22, 1933

I last saw h.. alive on September 22, 1933. Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Sore Throat	9, 19, 33
with acute edema of Epiglottis	9, 22, 33

Other contributory causes of importance:

Name of operation Tracheotomy Date of 9, 22, 33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thurston L. Brown M. D.

(Address) University Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93797 E 93797

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Bradford St. 6-04 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Missouri Brown

(a) Residence: No. 214 N Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced (or) WIFE of Stephen Brown

6. DATE OF BIRTH (month, day, year) exact date unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 62	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bernard Hardman (Grandson)
(Address) 214 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Not given Date Sept 23rd, 1933

19. UNDERTAKER Pasquale Steinmetz
(Address) 1603 Edmondson Ave

20. FILED Sept 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1932 to Sept 20, 1933

I last saw h a alive on Sept 19, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 yr.
Other contributory causes of importance:	
Endo Carditis Myocarditis and Hypertension	1 yr

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. T. Young M. D.

(Address) 1429 E Monument St

Spec.—1-12-23—M&T—500 Blks.

E 93798 HEALTH DEPARTMENT—CITY OF BALTIMORE 60 / E 93798

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 Bartlett ave. ST., 9-01 WARD)

2-FULL NAME Aliki Gianakos

(a) RESIDENCE NO. 745 Bartlett Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

DATE OF BIRTH (month, day, and year) Jan 31, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER George Gianakos.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Christia Thomae

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant George Gianakos.
(Address) 745 Bartlett Ave.

Filed SEP 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1933, to Sept 22, 1933,

that I last saw her alive on Sept 22, 1933,

and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

Scurvy

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? clinical.

(Signed) Karl W. Ebeling, M. D.

9,22, 1933 (Address) 5200 Tilney Way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn.

DATE OF BURIAL Sept 23 1933

20 UNDERTAKER H. Thurnwald Sons

ADDRESS 3615 Gertrude Ave

E 93799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93799

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Asbury Road St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... da. How long in U.S. if of foreign birth? ... yrs ... mos ... da.

2. FULL NAME Baby Boy Leach

(a) Residence: No. 1309 Asbury Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sep 22/33

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
				3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Thomas W. Leach

14. BIRTHPLACE (city or town) (State or country) Mt. Washington, Md.

15. MAIDEN NAME Olive Peregoy

16. BIRTHPLACE (city or town) (State or country) Fowblesburg, Md.

17. INFORMANT Thomas W. Leach
(Address) 1309 Asbury Road.

18. BURIAL, CREMATION, OR REMOVAL.
Place Hearn & Yost Co. Date Sept 23 1933

19. UNDERTAKER Albert H Peregoy
(Address) 2616½ Huntington Ave, Mt. Washington, Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 22/33 19...

22. I HEREBY CERTIFY, That I attended deceased from mother
Sep 15/33, 19..., to Date, 19...
I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at 11.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity- 6 mons Gestation	
Other contributory causes of importance: Partial detached placenta due Fall of mother Sep 14/33	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John Hall, M. D.
(Address) 506 E North Ave

E 98800

E 93800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 N. Carey St., 16-al Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Pearl Taylor

1a) Residence: No. 1104 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Taylor

DATE OF BIRTH (month, day, year) ~~Apr 24/1892~~

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Front Royal, Va.

13. NAME George Myers

14. BIRTHPLACE (city or town) (State or country) Front Royal, Va

15. MAIDEN NAME Martha ------

16. BIRTHPLACE (city or town) (State or country) Front Royal, Va

INFORMANT (Son)
(Address) Wesley Hart 1604 Madison Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 23. 1933

UNDERTAKER Mrs Pott A. Elliott
(Address) 1129 N. Caroline St.

FILED SEP 23 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Valvular Insufficiency (Mitral)	
Other contributory causes of importance: Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Cogen M. D.
Coroner

(Address) 108 E Preston

M. D. B. 1268-9

93801 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93801

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 13 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Ewing

(a) Residence: No. 2003 Ridge Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 25 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Howard Ewing

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Hester McAllister

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Sept 25 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st.

20. FILED SEP 26 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933 to Sept 22, 1933.

I last saw h... alive on Sept 22, 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Leukemia (Hemolytic Jaundice)	2 days
b Pneumonia (Lobular)	4 days

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Howard I. Lockman M. D.

(Address) Mercy Hospital

D. B. 1268-9

E 93802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93802

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) 8-01

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick W. Kahl

(a) Residence: No. 2019 N. Washington St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorretta K

DATE OF BIRTH (month, day, year) May 19/1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carroll Coal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 166

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Kahl

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sarah Frederick

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT (Address) Lorretta K. Kahl 2019 N. Washington St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 23 1933

UNDERTAKER (Address) Wm Cook 1217 St Paul St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 21/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia etc	? ? ? ?
Carcinoma of throat	? ? ? ?

Other contributory causes of importance:

Name of operation Gastrostomy Date of July 33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Mason, M. D. Coroner

(Address) 106 E Hamilton

D. H. 1268-9

E 93803 HEALTH DEPARTMENT—CITY OF BALTIMORE E 93803

CERTIFICATE OF DEATH

82-001

Registered No. 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 E. Lafayette Ave. Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. VanBuskirk

(a) Residence: No. 1707 E. Layafette Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Panola VanBuskirk

DATE OF BIRTH (month, day, year) Nov. 23, 1849

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	83	9	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Cecil Co., Md.

13. NAME Thomas J. VanBuskirk

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Agnes Colmary

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Panola VanBuskirk (Wife)
(Address) 1707 E. Lafayette Ave.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Sept. 25, 1933

UNDERTAKER John F. Denny
(Address) Huntingtown, Md.

FILED Sept 23 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1933 to Sept 22 1933

I last saw h in live on Sept 21, 1933 Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Sept 14 '33

Other contributory causes of importance:
arterio sclerosis & hypertension 8 yr age

Name of operation Date of

What test confirmed dingnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L Davidson M. D.

(Address) 1714 N Clarendon St

M. D. R. 1268-9

E 93804

HEALTH DEPARTMENT—CITY OF BALTIMORE

3804

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Ranger & Druid Hill St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Hopkins

(a) Residence: No. 4310 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edna Louise Hopkins

6. DATE OF BIRTH (month, day, year) Sept 28-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	11	24 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Joseph Hopkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Parker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edna L. Hopkins

(Address) 4310 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Sept. 29. 1933

19. UNDERTAKER Josiah Lyles

(Address) 1600 W. North Ave

23 1933 ... 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/23/33 1933 to Sept. 27 1933

I last saw him alive on Sept 24 1933 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Myocardial Disease & Hypertension	?
2. Acute Pulmonary Edema	9/25/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John R. Conzen M. D.

(Address) West Baltimore Gen. Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93805

CERTIFICATE OF DEATH

E 93805

93003

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Thirty third St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rebecca Vagel

(a) Residence: No. 2312 Eutaw Place, Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White Hebrew

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Vagel

7. DATE OF BIRTH (month, day, year): June 5th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Isaac Blumenthal (2)

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Rose Meyer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Sidney Blumenthal

(Address) 2305 Keswick Road, Mt. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place: Adath Israel Cem. Date: Sept 24 1933

19. UNDERTAKER: Laird Landsburgh & Son

(Address) 1203 Eutaw Place

20. FILED: Sept 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1933 to September 22nd 1933.

I last saw h.. alive on Sept. 22nd, 1933. Death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular	?
Heart disease	
Auricular fibrillation	7/33
Other contributory causes of importance:	
Cardiac Decompensation	6/33 ?

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard Francis M. D.

(Address) Union Memorial Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93806

CERTIFICATE OF DEATH

81 E 93806

Registered No. 13-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Linden Ave. St. 13-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerome Grunebaum

(a) Residence: No. 2226 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 31, 1887

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Grunebaum

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Eva Bendorf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Grunebaum,
(Address) 2226 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem. Date Sept. 24, 1933

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED SEP 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933, to Sept. 22, 1933
I last saw h... alive on Sept 22, 1933 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9/22/33
Myocardial Failure	9/22/33
Other contributory causes of importance:	
Spinal Ataxia	Jan 1933?
Gen'l Asthenia	Sept 1933
None	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert V. Seliger, M. D.
(Address) 2140 Mt. Royal Terrace

E 33807

33807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Dudley

(a) Residence: No. 1047 W. Fayette st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 7, 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Florence South Carolina

13. NAME Paul Dudley

14. BIRTHPLACE (city or town) (State or country) Florence South Carolina

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Florence South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 23, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 r. Schroeder St.

20. FILED Sept 23 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933 to Sept. 18, 1933

I last saw him alive on Sept. 18, 1933. Death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, acute	5 mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

93808 HEALTH DEPARTMENT—CITY OF BALTIMORE 93808

CERTIFICATE OF DEATH

35

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. (Mercy Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Edwards

(a) Residence: No. 602 Bank St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct ? 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
22	~~1 910~~	~~Oct 11~~	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME John J. Edwards

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alice Johnson

(Address) 602 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Sept 23 1933

19. UNDERTAKER Walter B. Sprigg

(Address) 1331 W. Lanvale St.

20. FILED Sept 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/17 1933 to 9/20 1933

I last saw h.e.r. alive on 9/20 1933 Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis
Perforated Appendix
Intestinal Obstruction

Date of onset

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Exploratory Date of 9/18/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry P. Schaller M. D.

(Address) 1 E. Preston St.

M. D. B 1268-9

93809 E 93809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1349 N Stricker St. 15-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Thomas

(a) Residence: No. 1349 N Stricker St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning 70

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

17. INFORMANT Mary Jackson
(Address) 1349 Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Date Sept 1933

19. UNDERTAKER Thomas Nelson
(Address) 1303 Pressman St

20. FILED Sept 23 1933 Ethington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1933 to Sept 21 1933

I last saw h... alive on Sept 21 1933 Death is said to have occurred on the date stated above, at 1458 m.

The principal cause of death and related causes of importance were as follows:

Volvulus — Date of onset Sept 20 1933

Other contributory causes of importance: Partial Insufficiency, Pancreas Diplants, and Generalized Anasarca — Aug 1933

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NA If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

H. D. B. 1268-9

✓ E 93810

HEALTH DEPARTMENT—CITY OF BALTIMORE

3810

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 10-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James E. Keene

(a) Residence: No. 903 E. Preston St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 16. 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

13. NAME James L. Keene

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jennie M. Reardon

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Annie M. Keene

(Address) 703 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 25. 1933

19. UNDERTAKER Rita Winkfield

(Address) 711 Greenmount Ave

SEP 23 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1933 to Sept. 22 1933

I last saw h.. alive on 9-22-33 19 . Death is said to have occurred on the date stated above, at 9:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1 yr 2 mo
Cirrhosis of Liver (Portal)	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. A. Weiner M. D.

(Address) Sinai Hospital

M. D. B. 1268-B

93811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93811

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2517 Maisel St (Ward) 9

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel J. O'Connell

(a) Residence: No. 2517 Maisel St (Usual place of abode) Westport Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Lane Bentley O'Connell

6. DATE OF BIRTH (month, day, year) Aug 25th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lotal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 840

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John C. Connell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary E Kavanaugh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Steven M. O'Connell

(Address) Lexington Park Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/25th 1933

19. UNDERTAKER John F. Cowan & Son

(Address) 901 Hollins St

FILED SEP 23 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/10/ 1933 to 9/22/33 19...

I last saw h... alive on 9/22/33 19... Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard J. Long M. D.

(Address) 910 W. Lombard

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93812 93812

CERTIFICATE OF DEATH

95-002

Registered No. 63417

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E Fulton St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Nonie Ryan

(a) Residence: No. 1004 E Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph J Ryan

7. DATE OF BIRTH (month, day, year) May 5 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Stafford Co.
(State or country) Maryland

13. NAME Patrick Vincent

14. BIRTHPLACE (city or town) Stafford Co.
(State or country) Maryland

15. MAIDEN NAME Sarah J Dunahue

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Jos J. Ryan (husband)
(Address) 1004 E Fulton St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Sept 25 1933

19. UNDERTAKER Kavanaugh Mortuary Co
(Address) 1000 Mulberry

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to Sept 21 1933

I last saw h alive on Sept 21 1933 Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular Renal	2
Cerebral Hemorrhage	6/28/33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Hubert E Kavanaugh M. D.

(Address) 1216 E. Preston St.

M. D. B. 1268-9

93813

HEALTH DEPARTMENT—CITY OF BALTIMORE

93813

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 E Madison St., 7th Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da. 37 yrs 0 mos 0 da.

2. FULL NAME Charles William Engel

(a) Residence: No. 2413 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Lane Engel

7. DATE OF BIRTH (month, day, year) June 18 1879 ~~July 4 1870~~

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist 001

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Photo studios

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Vienna, Austria

13. NAME Wm Engel

14. BIRTHPLACE (city or town) (State or country) Austria -

15. MAIDEN NAME Filomena ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Flora L. Engel (wife)

(Address) 2318 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 25, 1933

19. UNDERTAKER Stewart McKenzie

(Address) 1600 Eutaw Ave

20. FILED 1933 Hunter Williams NZ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1933 to 9/22, 1933

I last saw him alive on 9/21, 1933 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1923
Myoc. Deg. & Hypostasis	9/7/33
Other contributory causes of importance: Pulm. Emphysema	?

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so specify ...

(Signed) W. S. T. B. Mitchell M. D.

(Address) 607 N. Charles St

M. D. B. 1268-9

E 93814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93814

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3132 Baker St. 16-01 St., Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William M. Michel,

(a) Residence: No. 3132 Baker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Modelle Michel,

7. DATE OF BIRTH (month, day, year) June 21, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	3	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S MAIDEN NAME

13. NAME Charles F. Michel.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emma Mahn.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Willie M. Michel

(Address) 3132 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date SEP 25 1933

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

SEP 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 21 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/7/ 1931 to 9/21 1933

I last saw h. alive on 9/31 1933 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	

Other contributory causes of importance:

Metastatic growth in brain stem

Name of operation Removal Brain Tumor Date of 9/29/31

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard G. Cobb M. D.

(Address) Patrol Co. No. Balto Md

M. D. F. 1268-9

E 93815

93815 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 Cloverhill Road St. 12-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Muhler

(a) Residence: No. 3909 Cloverhill Road. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S. Muhler

6. DATE OF BIRTH (month, day, year) May 2nd. 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME Carl Muhler

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Mrs. John C. Wolf

(Address) 3909 Cloverhill Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept. 25th. 1933

19. UNDERTAKER Chas. H. Miller & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED Sept 23 1933 Registrar Christine Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21st. 33

22. I HEREBY CERTIFY, That I attended deceased from June 20 1933 to Sept. 21 1933

I last saw him alive on Sept. 21, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	9/19/33

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Campbell M. D.

(Address) 1644 Hanover St.

M. D. H. 1268-9

E 93816

E 93816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√46

Registered No. .....

1. PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 1000 Eutaw St. Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Laura Barnett

(a) Residence: No. 3613 Oakmont Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of Charles W. Barnett

6. DATE OF BIRTH (month, day, year) April 3 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

13. NAME George Donovan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Donovan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Florence Hennegan

(Address) 3619 Oakmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 25, 1933

19. UNDERTAKER Thomas Kerrigan

(Address) 22 E. Lanvale St

20. FILED SEP 23 1933 Thomas Lee Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1933, to 9-22, 1933

I last saw h. alive on 9-22-1933 Death is said to have occurred on the date stated above, at 7 ½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	July 1st 1933

Other contributory causes of importance:

Name of operation Laparotomy Date of 8/22

What test confirmed diagnosis? ..... Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Aaron, M. D.

(Address) Franklin Sq. Hosp.

...c.—9-30—M. & T.—250 Bks.

E 93817 HEALTH DEPARTMENT—CITY OF BALTIMORE 137 E 93817

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Orlando St. WARD 27-01)

2-FULL NAME Gustave Fraser

(a) RESIDENCE NO. 3018 Orlando St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Hattie Fraser

DATE OF BIRTH (month, day, and year) Sept 4 1882

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	0	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Gus Fraser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emily Humpfenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Hattie Fraser

(Address) 3018 Orlando St

Filed ... 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22-33

17 I HEREBY CERTIFY, That I attended deceased from Aug 28th 1931, to 9-22-33

that I last saw her alive on 9-20-33

and that death occurred, on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Ch. Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eug. O. McCreary, M. D.

9-22-33 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 25/33

20 UNDERTAKER Uchrich Funeral Home

ADDRESS

Filed SEP 23 1933 Registrar

L.S. Undertaker

H. D. B. 1268-9

E 93818

3818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 35

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Franklin

(a) Residence: No. 525 W. Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35 ?	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 080

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Enoch Franklin

14. BIRTHPLACE (city or town) (State or country) ? North Carolina

15. MAIDEN NAME Alice Carnegie

16. BIRTHPLACE (city or town) (State or country) ? North Carolina

17. INFORMANT self (patient)
(Address)

18. BURIAL, CREMATION, OR REMOVAL Kenton ?
Place ..... Date 9/23 1933

19. UNDERTAKER Daniel Taylor
(Address) 916 E Eager

20. FILED 9/23/1933 Thomas J. Williams Registrar
RKN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-8-33, 19..... to 9-21 1933

I last saw him alive on 9-26 1933 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Strictures & fistulae	? 6
Other contributory causes of importance: Uremia & Intoxication	? ?

Name of operation Suprapubic Cystotomy Date of 9-15-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry P. Bowyer M. D.

(Address) Balt City Hosp.

D. B. 1268-9

E 93819

HEALTH DEPARTMENT—CITY OF BALTIMORE

3819

CERTIFICATE OF DEATH

93-003

Registered No. 5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 W North Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo D. Sobolsky

(a) Residence: No. 2000 Ruxton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mendell Sobolsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Jack Sobolsky 2000 Ruxton

BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Date 9-24-33

UNDERTAKER Jack Lewis Inc. (Address) 1429 E. Baltimore St Huntington Millenes, Md

Filed 9-24 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

Coroner

(Address)

D. B. 1268-9

E 93820

HEALTH DEPARTMENT—CITY OF BALTIMORE

820

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH Hebrew Home for aged & Inf. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. St. 27 Ward

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Rothman

(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Barney Rothman

DATE OF BIRTH (month, day, year) 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Sadaka Rothman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Miriam —

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sig Hendler

(Address) Hebrew Home for aged & Inf.

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Wash. Ld. Date 9-24- 1933

UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 22 1933

22. I HEREBY CERTIFY, That I attended deceased from 7 10 1933 to 9 22 1933

I last saw h[illegible] alive on 9 2 1933 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 9 20 33

Other contributory causes of importance:

Bronchitis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund Levin, M. D.

(Address) Lawndale

LaCo. 5-31 250B

E 93821

93821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Edmondson ave St. 8-01 Ward)

Length of residence in city or town where death occurred 78 yrs. — mos. 19 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Kramer

(a) Residence: No. 2108 Edmondson ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Dannes Kramer

DATE OF BIRTH (month, day, year) Sept 3 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	—	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer - Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Merchant 38
10. Date deceased last worked at this occupation (month and year) 1932 — 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frederick Kramer

14. BIRTHPLACE (city or town) (State or country) Kurhessen Germany

15. MAIDEN NAME Mary A. Kussmaul

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wilhelmina M. Orth

(Address) 4319 Hamilton ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Sept 27 1933

19. UNDERTAKER Chas. S. Black

(Address) 742 W. North ave

20. DATE RECEIVED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933 to Sept 22, 1933

I last saw him alive on Sept 21, 1933 death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept 10 1933
Senility	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John F. Evans, M. D.

(Address) 6124 40 St

D. B. 1268-9

E 93822

3822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Mt. Pleasent Ave. St., 26-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carol Mugrage

(a) Residence: No. 3704 Mt. Pleasent Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 21 1929

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Mugrage

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Edna Rankin

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT George Mugrage

(Address) 3704 Mt. Pleasent Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Date Sept. 24 1933

UNDERTAKER Jos. Oppenheimer

(Address) 1930 Eastern Ave.

Sept. 25 1933 [illegible] Registrar.

4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8. A m

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Weinberg M. D.
Coroner

(Address) 1320 Fallsway

M. D. B. 1268-9

3823

✓ E 93823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 Vera St. (Fairfield) Ward) 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Mitchell Sprunell

(a) Residence: No. 331 Vera St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Sprunell

7. DATE OF BIRTH (month, day, year) 1893

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. O.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Thomas Mitchell

14. BIRTHPLACE (city or town) (State or country) Winston-Salem N.C.

15. MAIDEN NAME Matilda Green

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Matilda Mitchell

(Address) 331 Vera St Fairfield Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept. 24 1933

19. UNDERTAKER Robt. T. Williams

(Address) 15-15 McElderry St

20. FILED 1933 Huntington Williams Registrar 9/21/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1933 to 9-20 1933

I last saw her alive on 9-19 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	9/13/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. N. Hafetz M. D.

(Address) 1225 Eutaw

D. H. 1268-9

E 93824

93824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier No.16 Light St. Wharf St., 23-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ---mos.---ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elwood Phillips.(C)

(a) Residence: No. 926 Bevan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) March 4 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake S/S Co.

10. Date deceased last worked at this occupation (month and year) Sep. 19, 1933

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Joshua Phillips.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Julia Brown.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT Gladys Hutcherson.(C)

(Address) 926 Bevan St.

BURIAL, CREMATION, OR REMOVAL.

Place Hillsdale Cemetery Date 9/24 1933

UNDERTAKER Walter H. Saul

(Address) 139 Wilkens Ave.

FILED 4 1933 Herrington Williams N.P.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	
Edema and congestion of the lungs	
Congestion of other viscerae	
Parenchymatous Nephritis	
Chronic Cystitis	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Reinhardt M. D.
Coroner

9/21/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

✓ E 93825

93825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., ... Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emil Zinser

(a) Residence: No. 932 Chauncey St., ... Ward. Balto, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER | FATHER

13. NAME Adolph Zinser
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Clementine Newburger
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Brother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Hebrew Cem. Date Sept 25, 1933

19. UNDERTAKER Baird, Condliffe & Son
(Address) 1202 Eutaw Place

Filed SEP 4 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22nd, 1933, to Sept 23, 1933.

I last saw h.[illegible] alive on Sept 23, 1933. Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Rupture of coronary artery	
Hemopericardium	
Myocardial failure	
Other contributory causes of importance:	
post operative shock	

Name of operation Exploratory Laparotomy Date of Sept 22nd

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Franco M. D.

(Address) Union Memorial Hospital

M E 93826

F. D. B. 1268-9

93826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital. St. 14-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 45 yrs. ---- mos. ---- ds.

2. FULL NAME Louis Sakolsky.

(a) Residence: No. 1548 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (WIFE of) Jennie Sakolsky.

DATE OF BIRTH (month, day, year) Do not know.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Milton Schwaeber.

(Address) 1607 Court Square Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place Henry Run Date Sept 24, 1933

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E Baltimore St

Filed 9-24-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ---------- 19---- to ---------- 19----

I last saw h alive on ---------- 19---- Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull.
Struck and knocked down by an automobile while crossing the street.

Date of onset

Other contributory causes of importance:

Terminal pneumonia.

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ---------- 19----

Where did injury occur? in front of 1524 Pa. Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public street.

Manner of injury struck and knocked down by an automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt M. D. Coroner

9/24/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 93827

3827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St.) 12-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allen-Le Mine Dixon

(a) Residence: No. 3822 Greenmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10-1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mc Donough School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Carl W. Dixon

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sylvia West

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Sylvia Dixon (Mother)
(Address) 3822 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Sept 25, 1933

19. UNDERTAKER Robt C & B M Walters
(Address) 3320 Edmondson Ave

20. PLACE OF DISINTERMENT Huntington Williams Mort.

4 1933

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 9-22-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-11-33, 19..., to 9-22-33, 19...

I last saw h[illegible] alive on 9-22-33, 19... Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (X)	
Endemic encephalitis (?)	
Bronchopneumonia (terminal form) (?)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Richard Frances ....., M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

93828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93828

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Gladys Heberle

(a) Residence: No. 2605 Bernard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	—

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-23-33

7. AGE Years	Months	Days	If LESS than 1 day, 10 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles L. Heberle

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Gladys Land

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Gladys Heberle
(Address) 2605 Bernard St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date Sept 25 1933

19. UNDERTAKER Watts Gaver
(Address) 3411 Frederick Ave

20. FILED SEP 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-23-33 19... to 9-23-33 1933
I last saw h[illegible] alive on 9-23 1933 Death is said to have occurred on the date stated above, at 11:50 P.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Premature birth

Congenital Heart Lesion

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. J. Cooney M. D.

(Address) Vol. Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3829 E 93829

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 732 Pierce St. 17-01 Ward)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Pratt

(a) Residence: No. 732 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 22-1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph Pratt

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lilly Brooks

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

INFORMANT Joseph Pratt
(Address) 732 Pierce St

BURIAL, CREMATION, OR REMOVAL
Mt. Auburn Cem Date 9/25 . 1933

UNDERTAKER Samuel G. Hemsley
(Address) 537 N. Fidelity St

9/25 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	

D. H. 1268-9

E 93830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93830

CERTIFICATE OF DEATH

V 51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged men's Home St. [illegible] Ward)

Length of residence in city or town where death occurred yrs. 79 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A Berry

(a) Residence: No. 822 N. Carrollton St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed.

DATE OF BIRTH (month, day, year): May ? 1854.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	[illegible]	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME Levin Berry

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

15. MAIDEN NAME Marie Hall

16. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

INFORMANT: Lilly Robinson

(Address) 712 Carrollton ave

BURIAL, CREMATION, OR REMOVAL

Place: N.F. Hebrew Cem Date 9/25 1933

UNDERTAKER: Samuel T. Wensley,

(Address) 575 W. Fayette St

FILED 9 25 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1933 to Sept. 22 1933

I last saw h. alive on Sept 22 1933. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostate Gland	?

Other contributory causes of importance:

Old age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edw. J. Whalley M. D.

(Address) 1630 Druid Hill Ave

D. B 1268-9

93831 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93831

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Blackwell

(a) Residence: No. 405 N. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year) 9-1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Blackwell

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ellen Blackwell

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date Sept 29 1933

19. UNDERTAKER Edw Bryan
(Address) 1631 orleans St.

20. FILED SEP 25 1933 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933, to Sept 24, 1933
I last saw h.. alive on Sept 24, 1933 Death is said to have occurred on the date stated above, at 12 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1927
Cerebral hemorrhage	9-22-33
Hypertension	1927

Other contributory causes of importance:

Syphilis	1909

Name of operation None Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Alan Barnsted, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Bks.

E 93832 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 93832

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1334 Druid Hill Ave St. 14-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leona Gatin

(a) RESIDENCE No. 1334 Druid Hill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) D C

10 NAME OF FATHER Leona Gatin Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) D C

12 MAIDEN NAME OF MOTHER Fibe Archie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D C

14 Informant Rosa Black

(Address) 1334 Druid Hill Ave

Sept 25 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22-33

17

I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1933, to Sept. 22, 1933

that I last saw her alive on Sept 22, 1933

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) John H. Gontrum M. D.

9/26/33 (Address) 1112 N. Fayette

*(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Sept 25 1933

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 1 W. Eutaw St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93833 E 93833

CERTIFICATE OF DEATH

20-21 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 N. Fulton Ave. St., 20 Ward)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Cannon Henderson.

(a) Residence: No. 26 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: XXXXXXXX
(or) WIFE of William I. Henderson.

DATE OF BIRTH (month, day, year) December 6, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Cannon.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Elizabeth Watts.

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

17. INFORMANT James E. Henderson. (son)

(Address) 1809 N. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Sept 25 19 33

19. UNDERTAKER Wm Trickett & Son

(Address) Baltimore, Md.

20. FILED 9/25 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6 a. m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of the heart.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt, M. D. Coroner

9/28/33 (Address) 1017 E. Chase St.

M. D. P. 1268-9

3834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93834

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 Overhill Rd St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME W. Raymond Roberts

(a) Residence: No. 318 Overhill Rd St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola L. Roberts

6. DATE OF BIRTH (month, day, year) July 4-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer 8b

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Samuel L. Roberts

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Ida V. Barnes

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs Viola L. Roberts

(Address) 318 Overhill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9/26, 1933

19. UNDERTAKER Wm J. Tackett Sons

(Address) Balto Md

20. FILED ... 19... Registrar

29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec-28 ... 1931 to Sept-23 ... 1933.

I last saw him alive on Sept. 22 ... 1933. Death is said to have occurred on the date stated above, at 3-46 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Pulmonary Edema	12/8/31
Chronic Myocarditis Congestive	1928
Pulmonary infarctions	1933

Other contributory causes of importance:

Chronic Emphysema	1932
Essential Hypertension	1928

Name of operation None ... Date of ...

What test confirmed diagnosis? — ... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify —

(Signed) W. Gibson Perlin ... M. D.

(Address) 4822 Roland Ave

M. D. B. 1268-9

93835

HEALTH DEPARTMENT—CITY OF BALTIMORE

93835 V 13 E

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725 Woodbrook Ave. Ward 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Fink.

(a) Residence: No. 3725 Woodbrook Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Conrad C. Fink.

6. DATE OF BIRTH (month, day, year) Nov 1 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Ehret Schmidt.

14. BIRTHPLACE (city or town) (State or country) Oberzell Kreis Schwitzerland Germany.

15. MAIDEN NAME Margarete Ehret

16. BIRTHPLACE (city or town) (State or country) Oberzell Kreis Schwitzerland Germany.

17. INFORMANT Mr. Elmer Fink

(Address) 3725 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Sept. 25 1933

Place Baltimore Cem. Loch Raven & Pulaski Hwys.

19. UNDERTAKER Wm. Wickwire Sons.

(Address) North & Pa Ave.

Huntington Williams Registrar.

20. FILED SEP 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1932 to Sept 22 1933

I last saw her alive on Sept 22 1933 Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	9/21/33

Other contributory causes of importance:

Cardio-vascular-renal disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. Florence M. D.

(Address) 4710 Liberty Hts Ave

D. B. 1268-9

John T Gaither

HEALTH DEPARTMENT—CITY OF BALTIMORE

93836

CERTIFICATE OF DEATH

X'97 E 93836

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital. St. 20-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Gaither.

(a) Residence: No. 5504 Edmondson Ave, Baltimore Co. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charlotta Gaither.

DATE OF BIRTH (month, day, year) April 11, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 134

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

13. NAME John N. Gaither.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Sarah E. Young.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Owen N. Matthews. (brotherin-law)

(Address) Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9/26/33

19. UNDERTAKER Wm Cook & Son

(Address) 1219 St Paul St

Filed SEP 25 1933 Huntington Williams Registrar. 9/26/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

M. D. B 1268-9

93837 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 53837

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1504 Mt Royal Ave (St., Ward) 14-A1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frankye M Scott

(a) Residence: No. 1504 Mt Royal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lee Scott

7. DATE OF BIRTH (month, day, year): May 9 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 40 / 0

12. BIRTHPLACE (city or town) (State or country): Chattanooga Tenn

13. NAME: Joseph M DeLong

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Ellen M Stevens

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Lee Scott
(Address) 1504 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Pinelawn Date: 9/25 1933

19. UNDERTAKER: J M Cook
(Address) 1317 Eutaw St

Huntington Williams
Registrar.

SEP 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1925 to Sept 23 1933

I last saw her alive on Sept 22 1933 Death is said to have occurred on the date stated above, at 8h m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma 20 yrs	
Myocardial Disease 5 yrs	

Other contributory causes of importance: Acute Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. C. Sheeing M. D.

(Address) 1120 St Paul St

E 93838

E 93838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Bradford St. 8th Ward)

Length of residence in city or town where death occurred 1 yr. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Louis Alberts

(a) Residence: No. 1600 N. Bradford street Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/8/933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Earl Alberts

14. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

15. MAIDEN NAME Margaret Walters

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Earl Alberts
(Address) 1600 N. Bradford street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 25, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

SEP 25 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24-33

22. I HEREBY CERTIFY, That I attended deceased from 9-22-33, 19 ... to 9-24-33, 19 ... I last saw him alive on 9-22-33, 19 ... Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	2 days
Other contributory causes of importance:	
Acute Cardiac Dilatation	12 hrs

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert Craig M. D.
(Address) 1600 N. Bradford St.

E 93839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 2-A1 V 23 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Koester (Koszczepka)

(a) Residence: No. 1733 Fleet st. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8, 1914

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
18	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Benjamin Koszczepka

14. BIRTHPLACE (city or town) .....
(State or country) Poland

15. MAIDEN NAME Kedwig Sazynska

16. BIRTHPLACE (city or town) .....
(State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place H. Hospitals Cem. Date Sept 26, 1933

19. UNDERTAKER George A. Weber
(Address) 105 S. Arch St. Huntingdon Valley, Pa.

SEP 25 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5 1932 to Sept. 23 1933
I last saw her alive on Sept. 23, 1933 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

E 93840

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93840

CERTIFICATE OF DEATH

115-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Lukowski

(a) Residence: No. 1919 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — — —

7. DATE OF BIRTH (month, day, year) November 22/1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Charles Lukowski

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Elizabeth Smigrowski

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mrs Elizabeth Lukowski

(Address) 1919 Gough Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Sept 25 1933

19. UNDERTAKER George A Weber

(Address) 701 E Baltimore Street

FILED SEP 25 1933 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1933 to 9-23 1933

I last saw him alive on 9-23 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia (Type undetermined)	3 wks
Other contributory causes of importance: Vincents Angina	3 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gustav Hughstein M. D.

(Address) Sinai Hospital

N.P.

ACo. 5-11 250R

93841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93841

CERTIFICATE OF DEATH

V 145-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 26-01 Ward)

Length of residence in city or town where death occurred ....yrs. 11 mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs. Elizabeth C. Busby

(a) Residence: No. 3228 Dudley Ave St., ...Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mr. Henry Busby

DATE OF BIRTH (month, day, year) Nov. 17, 1903

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Fred. Haubert

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Eliz. Thome

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Henry Busby
(Address) 3228 Dudley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9 26 33 19....

19. UNDERTAKER Geo. J. Kirk & Son
(Address) 1354 E. Baltimore St

20. [illegible] Washington, Md.
Registrar.

P25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1933 to September 22, 1933
I last saw her alive on September 22 1933 death is said to have occurred on the date stated above, at 1.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral infection.	about 9-16-33
2. Malaria & paramelaria	
3. Tuberculosis	
Other contributory causes of importance:	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ....If so, specify

(Signed) J. J. Magruder, M.D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

1929 Edmondson

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93842 V95-002 93842

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4913 Park Heights Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Samuel Sikiris

(a) Residence: No. 4913 Park Heights St., Ward.
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sottie Sikiris

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Sikiris

(Address) 889 N. Gilto St

18. BURIAL, CREMATION, OR REMOVAL

Place Lehren Cemetery Date 9/20/33 19

19. UNDERTAKER Jack Levin Inc

(Address) 1739 E. Balto St

20. FILED Sept 25 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 00 1933 to Sept 25 01 1933.

I last saw h.im alive on Sept 24 01 1933. Death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 25
Other contributory causes of importance: Bronchial Asthma	30 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Hammes M.D.

(Address) 1929 Edmondson Ave

H. D. B. 1268-9

93843

HEALTH DEPARTMENT—CITY OF BALTIMORE

93843

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Monument St., 13-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Balderston

(a) Residence: No. 1226 Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaiah Balderston

DATE OF BIRTH (month, day, year) April 19 1825

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Tom Arnold

(Address) 1226 Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Ramah Date Sept 26, 1933

19. UNDERTAKER Thompson & Son

(Address) 1545 Eutaw Pl.

SEP 25 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

C. V. D. Pleurisy

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed Robert Morgan, M. D. Coroner

(Address) 2632 Rd Lane

M. D. B. 1268-9

E 93844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93844

CERTIFICATE OF DEATH

12-001.

Registered No. .....

1. PLACE OF DEATH Franklin Sq. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-01 (Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Johnson

(a) Residence: No. 5347 Belmore Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 8, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert W. Johnson

14. BIRTHPLACE (city or town) (State or country) Garrison Harold Co. Md.

MOTHER

15. MAIDEN NAME Mamie R. Clark

16. BIRTHPLACE (city or town) (State or country) Cave Road Balto Co. Md.

17. INFORMANT Albert W. Johnson
(Address) 5347 Belmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill, Md Date Sept 25, 1933

19. UNDERTAKER Wm Kater R. Williams
(Address) 322 E. Schroeder St.

20. FILED SEP 25 1933 H. Easton Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-19, 1933 to 9-22, 1933

I last saw her alive on 9-22- 1933 Death is said to have occurred on the date stated above, at 9 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelogenous Leukemia acute	April
Other contributory causes of importance:	

Name of operation Tonsillectomy Date of 9-20-33

What test confirmed diagnosis? Blood picture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Rubin, M. D.

(Address) Franklin Sq. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93845

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 1 E. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Lowndes

(a) Residence: No. 256 N Arlington ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Jan 29, 1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or — min.
	3	— 7	— 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — — — — —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME William Lowndes

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nellie Griffin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Arnold, Md. Date Sept 25, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

(Filed) SEP 25 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933 to Sept 23, 1933
I last saw her alive on Sept 23, 1933 Death is said to have occurred on the date stated above, at 108A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	about Sept 1, 1933

Other contributory causes of importance:

Tuberculosis, mechanical	unknown
Bronchopneumonia	terminal

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Warren S. Hecht M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93E 33846

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6000 Baltimore Co. (Ward) 27th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael H. Morales

(a) Residence: No. 6000 Belleona Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indianapolis
(State or country)

MOTHER'S FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. A. D. Mitchell
(Address) 1601 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Omega Md. Date Sept 25. 1933

19. UNDERTAKER Josiah Dyer
(Address) 1400 W. Baltimore

SEP 25 1933 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to Sept. 24, 1933

I last saw him alive on Sept. 24, 1933 Death is said to have occurred on the date stated above, at 12 45 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Incompetency — Date of onset

Other contributory causes of importance: —

Senile arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry E. Wilson M. D.

(Address) 3 W. Biddle St.

M. E. B. E 93847

E 93847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3442 Second St. Brooklyn 25-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Linderborn

(a) Residence: No. 3442 Second St. Brooklyn St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (month, day, year) May 14 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-------	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Howard F. Linderborn

14. BIRTHPLACE (city or town) (State or country) Camden N.J.

MOTHER

15. MAIDEN NAME Agnes G. Glorious

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Howard F. Linderborn

(Address) 3442 Second St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 26, 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED SEP 25 1933 Huntington Williams M.D. Registrar.

RW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1933 to Sept. 24, 1933

I last saw him alive on Sept 24, 1933 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Suppurative Pneumonia 9/24/33

Empyema

Other contributory causes of importance:

Bronchial asthma 1 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1933

Where did Injury occur? no injury (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. Hamm M. D.

(Address) 12 E. Hamilton

D. B. 1268-9

M ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

93848 E 93848

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

Registered No. 25 01

CITY OF BALTIMORE: (No. in front of 3730 Hanover St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard J. Durm.

(a) Residence: No. 3822 Sixth St. Brooklyn. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) September 14, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Durm.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sarah Kelty.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Sarah Durm. (mother)

(Address) 3822 Sixth St. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 25. 1933

19. UNDERTAKER Chas. McCully

(Address) 130 E. Fort Ave.

Huntington Williams M.D.
Registrar

9 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull. Struck and knocked down by an automobile white crossing the street.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury ..... 19.....

Where did injury occur? in front of 3720 Hanover
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public street

Manner of injury struck & knocked down by an automobile.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, Coroner, M. D.

9/25/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 93849

✓ E 93849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 (Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Jessie Weems

(a) Residence: No. 3937 Lemmont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Weems

DATE OF BIRTH (month, day, year) July 29, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

13. NAME George W. Smith

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Margaret McLean

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Ethel Weems

(Address) Hillsboro, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9-25, 19

19. UNDERTAKER Edward White & Son

(Address) 2220 E. Baltimore St.

Huntington Williams, M.D.

SEP 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-11-, 1933, to 9-23-, 1933

I last saw her alive on 9-23, 1933. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & hypertension	
Syphilis	
Other contributory causes of importance:	
Subarachnoid hemorrhage	9-9-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) Mt. Clare Hospital

H. D. B. 1268-9

93850 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93850

CERTIFICATE OF DEATH

Registered No. 157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 S. Highland ave. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Lee White

(a) Residence: No. 250 S. Highland ave. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 19/22

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Merle V. White
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ruth King
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Ruth King
(Address) 250 S. Highland ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Sept. 25 19 33

19. UNDERTAKER Tilley & Fairbairn
(Address) 422 S. Monroe St.

FILED SEP 25 1933 19 Clinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3:40 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Malformation	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19 ...
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner ... M. D.
(Address) ...

M. D. B. 1268-9

93851 HEALTH DEPARTMENT—CITY OF BALTIMORE 93851

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital St., 1-61 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Publ

(a) Residence: No. 38 S Potomac St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Publ

7. DATE OF BIRTH (month, day, year) Jan. 16 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	8	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Elizabeth Publ Wife
(Address) 38 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Sept. 27th 1933

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 1403 W Fayette St.

20. FILED SEP 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1933, to Sept. 24, 1933
I last saw h.lm. alive on Sept. 24, 1933. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Subarachnoid Hemorrhage	
Syphilis of Central Nerv. Syst.	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? W.a.R. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) H. A. Weiner M. D.
(Address) Sinai Hospital.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93852 93852

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Grandview Hospital

CITY OF BALTIMORE: (No. 1014 Duncan St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene McDonald

(a) Residence: No. Edgemere P.O. Balto St., County Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur McDonald

7. DATE OF BIRTH (month, day, year): June 14 1905

8. AGE: Years: 28 | Months: 8 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Louella Ga

13. NAME: John Weems

14. BIRTHPLACE (city or town) (State or country): Ga

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Arthur McDonald Edgemere P.O. Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place: Auburn Date: Sept 25 1933

19. UNDERTAKER (Address): Samuel E. Frazier Inc 638 N. Eutaw St

20. FILED ... 19 ... by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-17 1933 to 9-21 1933

I last saw h.. alive on 9-21 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Other contributory causes of importance:	
Hypertension Cardio-Vascular Renal Disease	8 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. G. Harper M. D.

(Address) Grandview Hospital

M. D. B. 1268-9

E 93853

3853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 W. Lanvale St. St. 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph P. Ludwig.

(a) Residence: No. 2302 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29th. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Paul Ludwig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Remlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew F. Ludwig

(Address) 2302 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Cem. Date Sept. 26, 19 33

19. UNDERTAKER Chas. H. Pierce & Son

(Address) 118 W. Mt. Royal Ave.

Filed Sept 26 1933 Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24th. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Sept 24 1933

I last saw h[illegible] alive on Sept 24 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio sclerosis. Hemiplegia Cerebral Embolism (Two cerebral embolisms)	14 months (and 1 day)
Other contributory causes of importance: Fracture of left femur accidental fall in home (Deceased).	3 wks

Number of operation Date of

What was confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home.

Manner of injury accidental fall over piece of furniture

Nature of Injury fracture of left femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) W. Reichel M. D.

(Address) 2401 Edmondson

H. D. H. 1268-9

93854 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93854

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Cooper

(a) Residence: No. 420 S. Greene St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 25 . 19 33

19. UNDERTAKER [illegible]
(Address)

20. FILED 9/25 0859 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 . 33

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Feldt M. D.
Coroner

(Address) 2239 Eastern Ave

M. D. B. 1268-9

(Hayera Takanaga) ✓ F 93855

3855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Hayera Takanaga

(a) Residence: No. 1629 Lamont Ave St., Ward.

(If non-resident give city or town and State)

(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Oriental	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Ida Takanaga

6. DATE OF BIRTH (month, day, year) Sept 26 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53	11 0	028	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME Mrs Takanaga

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME >

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT Miss Ethel Takanaga

(Address) 1629 Lamount ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Sept. 26 1933

19. UNDERTAKER P. F. Curley

(Address) 702 E. Monument ave.

Clayton Williams, M.D. Registrar.

FILED 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-12-33 19 to 9-24-33 19

I last saw him alive on 9-24-33 19 Death is said to have occurred on the date stated above, at 7 30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung, ext. & Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Thomas M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

93856

Dr A Wright E 93856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Elliott St., 26 01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M. Hutchinson

(a) Residence: No. 3215 Elliott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William E. Hutchinson

6. DATE OF BIRTH (month, day, year): July 4. 1861

7. AGE: Years 72 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Bradyhouse

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary E. Fraley

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mary E. S. Moorhead

(Address) 3215 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: 9/27 33

19. UNDERTAKER: Wm Lee & Son

(Address) 1519 E. Fayette St

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24 1933

22. I HEREBY CERTIFY, That I attended deceased from about July 17 1933 to Sept 24 1933

I last saw her alive on Sept 24 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemiplegia	July 17 33
" "	Sept 10 33

Other contributory causes of importance:

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) W. A. M. Wright M. D.

(Address) 1010 St. Paul Ave

M. D. B. 1263-9

Dr John L. Dorsey 1129 St Paul St

E 93857

3857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Charles St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Jackson Preston

(a) Residence: No. 820 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: James N. Preston

6. DATE OF BIRTH (month, day, year): July 27th 1874

7. AGE: Years 59 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sally 037

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Salisbury Md

13. NAME: Wilbur Fiske Jackson

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Alice P. Smith

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: James N. Preston

(Address) 820 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Fremont Date 9/26/1933

19. UNDERTAKER: Wm Cook

Address 1217 E Baltimore St

5 1933 Washington Indiana N.E.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1931, 19..., to 9-24, 1933

I last saw her alive on 9-24, 1933. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF BLADDER — Date of onset 1929

Other contributory causes of importance:

CEREBRAL HEMORRHAGE — 9-15-33

Name of operation RESECTION BLADDER Date of 1930 1932

What test confirmed diagnosis? MICROSCOPIC SECTIONS Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Dorsey, M. D.

(Address) 1129 E Saint Paul St

M. D. B. 1268-9

✓ E 93858

93858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nellie Holtman

(a) Residence: No. 101 2nd Ave, at Brooklyn Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Charles Julius Holtman

6. DATE OF BIRTH (month, day, year) Nov. 10, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Sept '33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville, Md.

MOTHER FATHER

13. NAME Mr. John Long

14. BIRTHPLACE (city or town) (State or country) Baltimore County

15. MAIDEN NAME Miss Henrietta Crenhardt

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Charles J. Holtman

(Address) 101 - 2nd Street

18. BURIAL, CREMATION, OR REMOVAL Place Moreland park Date 9-27-1933

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

5 1933 Huntington Williams N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1933 to Sept. 25 1933

I last saw h-r alive on Sept. 25 1933 Death is said to have occurred on the date stated above, at 10 50 m.

The principal cause of death and related causes of importance were as follows:

Fibroids of uterus — Date of onset June, '33

Other contributory causes of importance:

Bronchopneumonia. — Sept. 16, '33

Name of operation Hysterectomy & appendectomy Date of Sept. 13, '33

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

93859

E 93859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Cold Spring Lane Ward 7-01)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas Bull

(a) Residence: No. 901 N. Cold Spring Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah R. Bull

6. DATE OF BIRTH (month, day, year) Sept. 29-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 5 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 01

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John A. Bull

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine H. Rutledge

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Hannah R. Bull

(Address) 901 N. Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Manor Cemetery Date Sept. 26, 1933

19. UNDERTAKER Bordley F. Burgee

(Address) 3231 Falls Road

20. FILED ... By ... Registrar.

SEP 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933, to Sept 25, 1933

I last saw h... alive on Sept 23, 1933 Death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dorsalgia	2 yrs
Other contributory causes of importance: Arteriosclerosis	2 yrs

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none If so, specify none

(Signed) Vernon J. Keating M. D.

(Address) 8 S. Howard Ave

Rec. 2-29-28 L. F. S. 100 Bks.

93860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93860

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2753 Fenwick Ave WARD) 20-01

2—FULL NAME John Alonzo Joslin

(a) RESIDENCE NO. 2753 Fenwick Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian F. Joslin

DATE OF BIRTH (month, day, and year) Dec. 28-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) American Wholesale Corp

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York.

10 NAME OF FATHER George A Joslin

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Parkhouse

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

Informant Arthur H. Joslin (Son)

(Address) 2050 Hartford Ave

Filed ..... 19 ..... Registrar

5 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23-1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23, 19 33, to Sept. 23, 19 33,

that I last saw him alive on Sept. 23, 19 33

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Hypertension (Chronic Parenchymatous Nephritis Myocarditis decompensated)

(duration) 1 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thos. J. A Stevens, M. D.

9-24 19 33 (Address) 2878 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park

DATE OF BURIAL 9 26 19 33

20 UNDERTAKER J. M. Cook

ADDRESS 1215 Eutaw St

H. D. B. 1268-8

E 93861

93861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Miller.

(a) Residence: No. 1820 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Miller.

7. DATE OF BIRTH (month, day, year) August 27, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	----	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Gotleib Thesing.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph L. Miller.

(Address) 1820 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date SEP 27 1933

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave.

SEP 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 25 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933 to Sept 25, 1933

I last saw her alive on Sept 25, 1933 Death is said to have occurred on the date stated above, at 5A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis. — Date of onset
Diabetes Mellitus.

Other contributory causes of importance:

Mitral Stenosis
Cardiac Decompensation
Bilateral Hydrothorax.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David H. Andrews, M. D.

(Address) Church Home & Infirmary

pec.—8-16-29—L. F. S.—100 Bks.

93862 ✓ E 93862

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. .....

CITY OF BALTIMORE: (No. 300 E. 33rd ST. 12-01 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Voyce

(a) RESIDENCE NO. 300 E. 33rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Voyce

DATE OF BIRTH (month, day, and year): March 15 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	6	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

BIRTHPLACE (city or town) (State or country): Balto., Md

10 NAME OF FATHER: George Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Mary Egsett

13 BIRTHPLACE OF MOTHER (city or (own) (State or country): France

Informant: Mrs. J. Henry Smith

(Address): 300 E. 33rd St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 24/33

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to Sept 24, 1933, that I last saw her alive on Sept 23, 1933 and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Chronic nut nephritis

..... unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia (duration) ..... yrs. about mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? none Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) Wm. L. Stitzer, M. D.

9/24, 1933 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Sept. 27 1933

20 UNDERTAKER: Margaret L. Flynn — ADDRESS: 1412 Light St

5 1933 ..... 19 ..... Registrar

Spec.—12-9-25—A Co.—200 Bks.

93863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93863

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 E. 20th St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Schroeder

(a) RESIDENCE NO. 1018 E. 20th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 10. 1853

7 AGE: Years 80 | Months 7 | Days 15 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Louis Schroeder

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.

(State or country)

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant (Address) Chris. Schroeder 1018 E. 20th St.

15 Filed Sept 25 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1933 Sept 25 / 33

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept 25, 1933, that I last saw h.er alive on Sept 24, 1933, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

Right Hemiplegia

Mitral Insufficiency

(duration) .....yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

9/20 1933 (Address) 100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery — Date of Burial: Sept. 27, 33

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Light

M. D. B. 1268-9

E 93864

HEALTH DEPARTMENT—CITY OF BALTIMORE

93864

CERTIFICATE OF DEATH

93-003

Registered No. 13-21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4230 Falls Road St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Samuel Adelbert Bain

(a) Residence: No. 4230 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Bain

6. DATE OF BIRTH (month, day, year) April 19, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1931

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) Newark (State or country) New York

FATHER

13. NAME Samuel Bain

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME ? Brewer

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Mary E. Bain

(Address) 4230 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 18, 1933

19. UNDERTAKER Joseph H. Cook

(Address) 1005 N. Baltimore St.

Harrington Williams, M.D., Registrar.

SEP 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to Sept 1933

I last saw him alive on Sept 16 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	July 1931
Chronic Bronchitis	
Other contributory causes of importance:	
Acute Dilatation of Heart	Sept 25 1933

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Ermakar M. D.

(Address) 807 Cathedral St.

M. D. B. 1268-9

E 93865

HEALTH DEPARTMENT—CITY OF BALTIMORE

3865

V 146

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Elizabeth's Home Chapel

CITY OF BALTIMORE: (No. Ellerslie & Chestnut St., Ward) 21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Healy (St. Mary Aloysius)

(a) Residence: No. St Elizabeth Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 28 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	27	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Teacher 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Joseph Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rev Mother Superior

(Address) St Elizabeth's Home

18. BURIAL, CREMATION, OR REMOVAL

Place St Elizabeth's Home Date Sept 26 1933

19. UNDERTAKER Kenna & Hankey Home

(Address) 21 East Lexington Street

Sept 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933 to September 23, 1933

I last saw h alive on September 22, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver and Pancreas	Not Ascertained
Other contributory causes of importance: Chronic Myocarditis	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

M. D. B. 1268-9

St Paul Byerly North Ave & Rosedale

E 93866

3866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 Rosedale St. 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Alexander Schroeder

(a) Residence: No. 2312 Rosedale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, widowed, or divorced — (or) WIFE of: Fred J. Schroeder

6. DATE OF BIRTH (month, day, year): June 23rd 1868

7. AGE — Years: 65 | Months: 3 | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Franklin Md.

FATHER

13. NAME: Andrew Schuyler

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Catherine Alexander

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Fred Schroeder
(Address): 2312 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Frederick Md Date: 9/26/ 1933

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. 1933 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933 to Sept 24th, 1933. I last saw her alive on Sept 24th 1933. Death is said to have occurred on the date stated above, at 5:36 A.M.

The principal cause of death and related causes of importance were as follows: Hypertensive Cardio-Vascular Renal Disease — Date of onset .....

Other contributory causes of importance: Uraemia

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) St Byerly M. D.

(Address) 209 Cathedral St

D. B. 1268-8

E 93867

93867 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 235 W. Lafayette Ave. (Ward) 11-01

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary P. Gibson

(a) Residence: No. 235 W. Lafayette Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Frank M. Gibson

DATE OF BIRTH (month, day, year) July 25 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm Plummer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Harriet L Trueb

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Col John J Hinkley

(Address) 216 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Sept 26 1933

19. UNDERTAKER Jno O. Mitchell & Son

(Address) 1900 Eutaw Place

FILED SEP 25 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h alive on Sept 24 Death is said to have occurred on the date stated above, at p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	
Other contributory causes of importance:	

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Brooks M. D.
Coroner

(Address)

E 93868 WALKER E 93868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N Mount St. 15-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Walker Walker

(a) Residence: No. 1703 N Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Walker

6. DATE OF BIRTH (month, day, year) Oct. 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurence. S. C

FATHER

13. NAME Lewis Walker

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Irene Walker.
(Address) 1703 Pressman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 27. 19 33

19. UNDERTAKER Othomas. E. Kelson
(Address) 1303 Pressman st.

FILED ... 19 ... Registrar.

SEP 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1933 to Sept 24 1933

I last saw him alive on Sept 24. 1933 Death is said to have occurred on the date stated above, at 730 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 24 1933
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Cauley M. D.

(Address) 1303 Pressman St

D. B. 1265-8

93869

E 93869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1107 Carson St. 16-01 (Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Morgan

(a) Residence: No. 1107 Carson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 1894

AGE Years 39 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Mary

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Alex Harris
(Address) 1805 Grant St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemtery Date Sept 26 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Preston St

Interring for Nathaniel, N.

SEP 26 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

MED. RECORD E 93870 E 93870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital D. 23

CITY OF BALTIMORE: (No. 1514 Pennsylvania Ave St., 16-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora Mack

(a) Residence: No. 1514 P. Prestman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1923

7. AGE: Years: 10 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Reed

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Grace Wilkes
(Address) 1519 Prestman St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Sept 26 19 33

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Presstman St

SEP 26 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25- 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-2 1933 to 9-25- 1933

I last saw h alive on 9-25 1933 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	

Other contributory causes of importance:

Pleural Effusion
Probably T.B. in origin

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. T. Harris M. D.

(Address) Provident Hospital

E 93871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93871

9-01 ✓ 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 E. 32nd St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY VIRGINIA CONNOR

(a) Residence: No. 1701 E. 32nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. John Connor

6. DATE OF BIRTH (month, day, year) March 13, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME William F. Sparklin

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Frances Wilkins

16. BIRTHPLACE (city or town)
(State or country) Ohio

17. INFORMANT Mr. W. John Connor (Husband)
(Address) 1701 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Sept. 27 1933

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore St. & Arlington Ave.

EP 26 1933

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1933 to Sept. 24 1933

I last saw h[illegible] alive on Sept. 24 1933. Death is said to have occurred on the date stated above, at 7.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mel	1 yr.
Other contributory causes of importance:	
Cardio-Renal Dis-	2 yr.

Name of operation None Date of —

What test confirmed diagnosis? Sugar & Sugar there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edna A. Lees M. D.

(Address) 408 E. 20th St. City

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93872

CERTIFICATE OF DEATH

13E 93872

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith St. 10-01 (Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Sr M. Alphonse Montgomery,

(a) Residence: No. Convent of Notre Dame Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 17-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious 065

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Evansville Ind

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sister Notre Dame
(Address) 901 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cem. Date Sept 27 1933

19. UNDERTAKER Frank A. Pfeltz
(Address) 916 N. Gay St

RECORDED Huntington Williams Clerk

SEP 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1933 to Sept 25 1933.
I last saw h.r. alive on Sept 25 1933. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sr M. Stella M. D.

(Address) 110 E North Ave

H. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93873 93873

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Luzerne St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Raymond Lammann

(a) Residence: No. 412 N Luzerne. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 16-1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Andrew Lammann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Maud Luber

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Maud Lammann

(Address) 412 N Luzerne St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept. 27. 1933

19. UNDERTAKER Jos. C. Berra Son

(Address) 156 N. Luzerne Ave.

FILED SEP 26 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24-1933

22. I HEREBY CERTIFY, That I attended deceased from April 11- 1933 to September 24- 1933

I last saw h. alive on September 24- 1933. Death is said to have occurred on the date stated above, at 7.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of throat and intestines	8-1-33
Other contributory causes of importance: Pulmonary Tuberculosis	Unknown

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Ruland, M. D.

(Address) 2532 Edmondson Ave.

M. D. B. 1268-9

E 93874

93874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Harlan St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Rockund

(a) Residence: No. 901 Harlan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estes

DATE OF BIRTH (month, day, year) Sept 25 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	—	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia Lemberg

13. NAME Louis Rockund

14. BIRTHPLACE (city or town) (State or country) Russia Lemberg

15. MAIDEN NAME Rosa Wolf

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Peter Rockund

(Address) 901 Harlan St

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Mt Lemmel Date 9/26/33 19

19. UNDERTAKER Jos. Lenz Inc

(Address) 1432 E. Baltimore St

SEP 26 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Williams Coroner, M. D.

(Address) .....

Stat seal off.

M. D. B. 1268-9

A 93875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93875

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Alfred Merriman Casey (Louise)

(a) Residence: No. 3101 St. Paul St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr. Alfred Casey

6. DATE OF BIRTH (month, day, year) Mar. 10 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles C Gault

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Margaret Lee

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT G. M. Casey

(Address) 3412 Calvert Lane Place

18. BURIAL, CREMATION, OR REMOVAL Place Berryville Va Date Sept 27, 1933

19. UNDERTAKER Huey H. Jenkins & Co

(Address) Catonsville, Md.

20. FILED SEP 26 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Sept 23, 1933

I last saw her alive on Sept 23, 1933. Death is said to have occurred on the date stated above, at 8:23 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	June 1933

Other contributory causes of importance:

Name of operation ~~Fracture of skull~~ None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Hanna M. D.

(Address) Union Memorial Hosp.

E 93876

M. D. B. 1268-9

93876

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4936 Park Heights Ave Ward) 27-W

Length of residence in city or town where death occurred 6 yrs. 03 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Louisa Hough Griffiths

(a) Residence: No. 4936 Park Heights Ave St., ... Ward. England
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thomas Hough Griffiths

6b. DATE OF BIRTH (month, day, year): Sept. 26, 1853

7. AGE: Years 79 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jamaica W.I.

FATHER

13. NAME: George Richard Henderson

14. BIRTHPLACE (city or town) (State or country): London Eng.

MOTHER

15. MAIDEN NAME: Caroline Box Drayton

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): M. John E. Henderson 4936 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Hereford Rd Date Sept 28 1933

19. UNDERTAKER (Address): Tom Pickney Sons 1411 Pennsylvania Ave

Registrar

SEP 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to Sept. 25, 1933

I last saw her alive on Sept 24th 1933 Death is said to have occurred on the date stated above, at 2. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemi-Plegia	5-26-1933
Senility + Arterio Sclerosis }	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Clinical Examination. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. B. Guss M. D.

(Address) 4936 Park Heights Ave

M. D. B. 1268-9

93877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93877

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 S. Ellwood Ave St., 1st Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Slowik

(a) Residence: No. 429 S. Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word).
Female	White	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: John Slowik

6. DATE OF BIRTH (month, day, year): Oct. 24 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	11	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Joseph Zeglinski

14. BIRTHPLACE (City or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Catherine

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: John Slowik
(Address) 429 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Hamilton Date: Sept. 27 1933

19. UNDERTAKER: Stephen J. Feathowstone
(Address) 2000 E. Fairmount Ave

SEP 26 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Sept 24 1933

Last saw ... alive on Sept 24 1933. Death is said to have occurred on the date stated above, at 8:50 P. m.

23. The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage 10 days

Name of operation: exploratory Date of operation: Aug 25

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury ~~occurred in~~ industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Rheudy M. D.

(Address) 201 N. Wolfe St

E 93878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93878

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Vine St. St., 18-21 Ward)

Length of residence in city or town where death occurred 21 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Boone.(C)

(a) Residence: No. 1014 Vine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) June 12, 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Walter Boone.(C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Lena Burley.(C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Pauline Boone.(C) sister.
(Address) 1014 Vine St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Date Sept 27, 1933

19. UNDERTAKER Mrs. Nettie R. Williams
(Address) 322 Huntington Ave

SEP 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 10.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilotation of the heart.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

9/15/33 (Address) 1015 N. Charles St.

M. D. B. 1268-0

E 93879

93879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 O'Donnell St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Helling

(a) Residence: No. 3036 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara G. Helling

6. DATE OF BIRTH (month, day, year) June 28-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	5/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam-Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 060

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME George Helling

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

17. INFORMANT Clara G. Helling
(Address) 3036 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date Sept. 27, 1933

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St

Filed SEP 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Sept 24, 1933

I last saw him alive on Sept 24, 1933 Death is said to have occurred on the date stated above, at 1.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chronic
Other contributory causes of importance: Cerebral Hemorrhage	Sudden

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

9/25/33 (Address) 315 S. Highland Ave

M. D. B. 1268-9

E 93880

93880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 26 01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary V Faulty

(a) Residence: No. 2316 Laurens Lorraine Ave St., Baltimore Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) None 12

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George V Faulty

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Clementine Braun

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address) Mercy Hospital Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Sept. 29 1933

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

Huntington Williams

26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22 1933 to Sept 25 1933

I last saw h alive on Sept 25 1933 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri.	?
Other contributory causes of importance:	
Wasting Obstruction	4 months
due to metastis from	
Carcinoma Uteri.	

Name of operation Hysterectomy Date of 6.2.33

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. D. Butler M. D.

(Address) Mercy Hospital Baltimore Md.

M. D. P 1268-9

E 93881

93881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Carrie Forrester

(a) Residence: No. 1827 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Forrester

6. DATE OF BIRTH (month, day, year) March 28, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George McKnight

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Kate Barganier
(Address) 1610 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 28, 1933

19. UNDERTAKER Martin Baker & Sons
(Address) 1827 W. North Ave.

Huntington Williams, M.D.

D 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933 to Sept 25, 1933

I last saw her alive on Sept 25, 1933 Death is said to have occurred on the date stated above, at 11:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	9/11/33

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John C. Dunler M. D.

(Address) St. Agnes Hospital.

M. D. B. 1268-9

3882

E 93882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 Poplar Grove St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Angelina Guglielizza

(a) Residence: No. 728 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carmelo Guglielizza

6. DATE OF BIRTH (month, day, year) Nov 27, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Angelo Matassa

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary N. Marante

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Carmelo Guglielizza

(Address) 728 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 27, 1933

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Baltimore St

20. [illegible] SEP 26 1933 [illegible] Wilbur[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-22, 1933 to 9-25, 1933

I last saw her alive on 9-25, 1933 Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio sclerosis with hypertension	1yr
Other contributory causes of importance: Cerebral hemiplegia	3 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Ferrara M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

E 93883

93883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3241 East Balto St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William J. Newman

(a) Residence: No. 3241 East Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline M. Newman

6. DATE OF BIRTH (month, day, year) July 22 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William P. Newman

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Mary A. O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. William J. Newman

(Address) 3241 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 27, 33

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

FILED SEP 26 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933 to Sept 25, 1933

I last saw him alive on Sept 25, 1933 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	June/33
Other contributory causes of importance: Hemorrhage of stomach	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Joseph Sudlers M. D.

(Address) 3348 Eutaw Place

Spec.—9 30—A. & Co.—250 Bks.

E 93884

3884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-004

1. PLACE OF DEATH 1427 Montpelier St

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1427 ST. 19-01 WARD)

2 FULL NAME Virginia Alice Synott

(a) RESIDENCE NO. 1427 Montpelier ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 9-13-33

7 AGE: Years | Months | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Nathaniel Synott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Virginia Synott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Virginia Synott 1427 Montpelier St

FILED 9-26 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-25-33

17
I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept. 25, 1933
that I last saw h[illegible] alive on Sept. 25, 1933
and that death occurred, on the date stated above, at 7.A m.
The CAUSE OF DEATH* was as follows:

Spontaneous Hemorrhage

(Duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) ... M. D.
9-25 1933 (Address)

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem | DATE OF BURIAL: 9-27 1933

20 UNDERTAKER: Joseph A. Lesley | ADDRESS: 661 Bank 21

M. D. B. 1268-9

93885 ✓ E 93885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 GREENWAY St. 12-01 Ward)

Length of residence in city or town where death occurred LIFE yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CAROLINE MACCOUN CAREY

(a) Residence: No. 3801 GREENWAY St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of JAMES CAREY JR.

6. DATE OF BIRTH (month, day, year) 22 MAY 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTIMORE

13. NAME ROBERT TOLAND MACCOUN

14. BIRTHPLACE (city or town) (State or country) PHILADELPHIA

15. MAIDEN NAME HARVEY ELLICOTT

16. BIRTHPLACE (city or town) (State or country) BALTIMORE

17. INFORMANT CAPT. W.E. MACCOUN
(Address) U.S. COAST GUARD DEPOT

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place LOUDON PARK Date 27 SEPT. 1933

19. UNDERTAKER Henry W. Jenkins Bros
(Address) McCulloh & Orchard Sts Huntington Woods, N.Y.

E 1633 FILED 9-28-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19..., to 9-25-33, 19.....

I last saw her alive on 9-25, 1933 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF STOMACH	1933

Other contributory causes of importance:

Name of operation GASTROENTEROSTOMY Date of APRIL 1933

What test confirmed diagnosis? S Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) J. L. Posey, M. D.

(Address) 1129 St Paul St

M. D. P. 1268-9

E 93886

93886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-002

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St. West Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys Butler

(a) Residence: No. 1917 Lorretta Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Butler

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm E. Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Mc Butler

(Address) 1917 N. Lorretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cmty Date 9-27-33

19. UNDERTAKER Joseph E. Lynch

(Address) 1661 Pennsylvania Ave

Huntington West Virginia

20. FILED SEP 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1933 to Sept 24, 1933

I last saw her alive on Sept 24, 1933. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (Streptococcus)	9/21
	over

Other contributory causes of importance:

Total Hysterectomy for 3rd degree Laceration of Cervix	9/18/33

Name of operation Total Hysterectomy Date of 9/18/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Lawrence Higgins M. D.

(Address) Provident Hospital

M. D. B. 1268-9

✓ E 93887

93887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hos. St. 47-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Samuel Hammond

(a) Residence: No. 3122 Woodbourne ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hammond

6. DATE OF BIRTH (month, day, year) Oct. 19. 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockkeeper 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation >

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Mr Samuel Hammond

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Pickman

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Medical record (Address) Mercy Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Standard Cem Date Sept 27 1933

19. UNDERTAKER Leonard J. Finch (Address) 5305 Belford Rd. Baltimore, Md

Registrar.

6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to Sept 24 1933

I last saw h.. alive on Sept 22 1933. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	>
Other contributory causes of importance:	
Uremia Delirium	
Cardiac vascular disease	>

Name of operation Gastrostomy Date of Sept. 20

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. E. Buttenwieth M. D.

(Address) Mercy Hospital Baltimore, Md

M. D. B. 1268-9

✓ E 93888

27080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27888

X 13-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Phipps

(a) Residence: No. Fraceys Landing St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-1-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Ernest Phipps

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Md Date Sept 26 33, 19

19. UNDERTAKER B L Hopkins

(Address) Crisfield Md

(Signed) ..... Funeral Director.

20. FILED SEP 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933 to Sept 25, 1933

I last saw h. im alive on Sept 25, 1933. Death is said to have occurred on the date stated above, at 1145 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, bacillary	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John L. Wortley M. D.

(Address) Johns Hopkins

M. D. P. 1268-9

✓ E 93889

93889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 26-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Williams.

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1893.?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40.?	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. ?40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Chas. Williams.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Minty ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Grd Date Sept 1933

19. UNDERTAKER

(Address)

20. FILED ..... 19..... Registrar.

6 1933 0866

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-30-28 to 9-25 1933

I last saw him alive on 9-25 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, rgt middle lobe. — Date of onset 9-22-33

Other contributory causes of importance: Mental Deficiency ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

93890

E 93890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 21-84 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas L. Johnson

(a) Residence: No. 203 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Unclaimed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sadie Johnson

6. DATE OF BIRTH (month, day, year): Oct 16, 1881

7. AGE: Years 51 | Months 11 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ...

MOTHER FATHER

13. NAME: William Johnson

14. BIRTHPLACE (city or town) (State or country): Williamsford

15. MAIDEN NAME: Mary L. Nelson

16. BIRTHPLACE (city or town) (State or country): Annapolis Md

17. INFORMANT: Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: University Md Date: Sept 26, 19 33

19. UNDERTAKER: Wm. E. Woods
(Address) 1 Division Pl Balto

Registrar.

6 1933

0865

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933 to Sept 23, 1933

I last saw him alive on Sept 22, 1933 Death is said to have occurred on the date stated above, at 12:05 pm

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Hypertension - Brain	1927

Other contributory causes of importance:

General Hemorrhage	9/22/33
Tumor orbit left (eye)	

Name of operation: Enucleation eye Date: 9/19/33

What test confirmed diagnosis? Path Exam Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. R. Bourne M. D.

(Address) ...

M. D. B. 1268-9

✓ E 93891

93891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 22-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Bud Anderson

(a) Residence: No. 220 S. Paca st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Asheville North Carolina

MOTHER FATHER

13. NAME James Anderson

14. BIRTHPLACE (city or town) (State or country) Greenwood South Carolina

15. MAIDEN NAME Kate Walker

16. BIRTHPLACE (city or town) (State or country) Greenwood South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Sept 26 19 33

19. UNDERTAKER [illegible]

(Address) [illegible]

26 1933 0864 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 10 1932 to Sept. 21 1933

I last saw him alive on Sept. 21 1933 Death is said to have occurred on the date stated above, at 5.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

✓ E 93892

93892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 18-01 St., ... Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Joseph Smith

(a) Residence: No. 1119 W. Mulberry st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laborer

6. DATE OF BIRTH (month, day, year) Sept. 1, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 26, 1933

19. UNDERTAKER Undertaker Smith.
(Address)

26 1933 Huntington Williams, M. D.
Registrar.

0868

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1933, to Sept. 23, 33
I last saw him alive on Sept. 23, 1933. Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1932

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) Christopher C. Shaw, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1200

E 93893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 93893

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 So. Dallas St. 3-01 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Rector

(a) Residence: No. 253 So. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rector

6. DATE OF BIRTH (month, day, year): 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Alexandria Va.

FATHER

13. NAME: Robert Rector

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: [illegible]
(Address) 253 So. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date 9-27-33

19. UNDERTAKER: Burns & Manning
(Address) 1200 Eutaw Pl.

[illegible] Williams.
Registrar.

20. FILED SEP 26 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Sept 24, 1933

I last saw h[illegible] alive on Sept 24, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	June 1933

Other contributory causes of importance:
Myocarditis

Name of operation: no Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. E. Young M. D.

(Address) [illegible]

M. D. B. 1268-9

E 93894

93894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 24-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Kroshowsky

(a) Residence: No. German Aged Home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Kroshowsky

6. DATE OF BIRTH (month, day, year) March 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Danzig (State or country) Germany

FATHER

13. NAME Thaddeus Kroshowsky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Strumsky

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home

(Address) Baltimore and Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cemetery Date Sept 27, 1933

19. UNDERTAKER Joseph H. Cox

(Address) 1003 W. Baltimore St.

Huntington Williams, M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1933 to Sept 25 1933

I last saw him alive on Sept 25, 1933 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	3 days
Arteriosclerosis	7 "

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

9/26/33 Signed E. Kelly Hemming M. D.

(Address) 2000 Hollins St.

M. D. B. 1268-9

93895 ✓ F 93895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia P. Hooper (Julia Plascette Hooper)

(a) Residence: No. 3303 Bloomingdale Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Gaston Hooper

6. DATE OF BIRTH (month, day, year) September 29, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ND

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Ross T. Pennington

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Muma

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Albert W. Cooper

(Address) 3303 Bloomingdale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept. 28, 1933

19. UNDERTAKER Joseph L. Bates & Co.

(Address) 1003 E. Baltimore St.

FEB 6 1933 Huntington Williams, M.D. & A.R.B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1933 to Sept 25, 1933

I last saw her alive on Sept 25, 1933 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis, general.	
Myocarditis, chronic.	
Apoplexy.	
Other contributory causes of importance:	
Diabetes mellitus (mild)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David H. Andrew, M. D.

(Address) Church Home & Infirmary

M. D. B 1268-9

E 93896

93896 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-002
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2126 Maryland Avenue St. 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Charles J. Gehring

(a) Residence: No. 2126 Maryland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelyn Hayward

6. DATE OF BIRTH (month, day, year): ---

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Deputy Sheriff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Charles J. Gehring

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Kate Foster

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Frank C. Wells
(Address) 2126 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Green Mount Cemetery Date: 9/27 19 33

19. UNDERTAKER: Henry U. Mears and Son
(Address) 802 N. Calvert St.

Filed 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 25 19 33

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 19 33 to Sept 25 19 33
I last saw h[illegible] alive on Sept 24 19 33 Death is said to have occurred on the date stated above, at 11 - a [illegible] m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset [illegible]

Other contributory causes of importance:

Sudden

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W K Forrest Jr. M. D.

(Address) 11 W. Saratoga St.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93897

93897

207

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Moreland Ave & W. M. R. R. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert W. Richter

(a) Residence: No. 1811 N. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Richter

6. DATE OF BIRTH (month, day, year) Feb. 21 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME Christian F. Richter

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Mary Bock

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Christian F. Richter Jr.

(Address) 17 E. Overlea Ave. Overlea

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Sept 27 1933

19. UNDERTAKER Frederick Lazahn Sons

(Address) 7401 Belair Road

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Accident R. R.
Head nearly cut off
left leg cut off
ran over by train

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? Moreland Ave & W M R R
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Luck Coroner M. D.

(Address) ...

M. D. H. 1268-9

E 93898

HEALTH DEPARTMENT—CITY OF BALTIMORE

93898

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. Balto Hosp St., 15-01 (Ward)
Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Christopher Long.
(a) Residence: No. 2002 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): May 5 1865
AGE: Years 68 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. R. W.
10. Date deceased last worked at this occupation (month and year): Wid.
11. Total time (years) spent in this occupation: 9 yrs
12. BIRTHPLACE (city or town) (State or country): Balto Md.
13. NAME OF FATHER: Edward Long
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME OF MOTHER: Mary Michael
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT (Address): Miss Ruth Saunders 2002 McHenry
18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park. Date Sept. 27 1933
19. UNDERTAKER (Address): Charles J. Schwab 505 N. Monroe St.
Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 25th 1933
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Pistol wound of Brain	
5 hours	

Other contributory causes of importance:

Name of operation: Regular Date of ... 19...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Truby Coroner, M. D.
(Address) Bruce

M. D. B. 1268-9

E 93899

93899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 2701 Lauretta Ave. 30-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Riddell

(a) Residence: No. 2701 Lauretta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~ (or) WIFE of William Riddell

6. DATE OF BIRTH (month, day, year) Mar 26th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Frederick

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nettie Sellers

(Address) 2701 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1933 to Sept 25 1933

I last saw h[illegible] alive on Sept 25 1933 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Uremia Acute Nephritis	

Other contributory causes of importance:

Accidental Fall to the floor. No Inquest necessary

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 9/4 1933

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home - in bed room

Manner of injury Fell

Nature of injury Colles fracture of R wrist

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hamilton L Hunkin M.D.

(Address) 1629 Eutaw Pl Balto Md

M. D. B. 1268-9

E 93900

93900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Hanover St. St. 23-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl H. Johnson.

(a) Residence: No. 1723 Hanover St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced.

6a. If married, widowed, or divorced HUSBAND of [illegible] May Johnson.

6. DATE OF BIRTH (month, day, year) January 7, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstock, Md.

13. NAME Caleb H. Johnson.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Elizabeth Hall.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Franklin Johnson. (brother)

(Address) 1715 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place ME Church Grants Date Sept 29 1933

19. UNDERTAKER W. W. Cook

(Address) 1211 Eutaw St.

20. FILED 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound of the head.
Suicide.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Sep. 25/33 19...

Where did injury occur? 1723 Hanover St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Pistol shot wound of the head

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. H. Steinhardt Coroner, M. D.

(Address) 1617 St. Charles St.

9/26/33

M. D. B. 1268-9

93901 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93901

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 E. Chase St St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ivy Bell Schlang

(a) Residence: No. 1050 N. Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Schlang

DATE OF BIRTH (month, day, year) Oct 27/1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James G. Noakes

14. BIRTHPLACE (city or town) (State or country) Winchester, Va

15. MAIDEN NAME Ellen Brinton

16. BIRTHPLACE (city or town) (State or country) Charlestown, W.Va.

17. INFORMANT Mrs. Nellie Byrnes

(Address) 919 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Sept 27, 1933

19. UNDERTAKER Elmer H. Koblin

Address 2426 Eager St.

20. FILED 6 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 23/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 9,20 m P.M.

The principal cause of death and related causes of importance were as follows:

Probable Acute Encephalitis due to Alcoholism — Date of onset

Other contributory causes of importance:

Possible traumatism to brain by fall. Sep 7/33

Name of operation Date of

What test confirmed diagnosis? History- Hopkins Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Sep 2/33

Where did injury occur? 1050 N. Gay (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Felldown stairs 2nd to 1st

Nature of injury While intoxicated

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John E Evans M. D.

Coroner

(Address) 508 E Fayette

M. D. B 1268-9

E 93902 HEALTH DEPARTMENT—CITY OF BALTIMORE 93902

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — Md Gen Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Elizabeth Williams

(a) Residence: No. ..... Darlington Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Wd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B J Williams

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 837 Life

12. BIRTHPLACE (city or town) (State or country) Darlington Md

FATHER

13. NAME William Bond

14. BIRTHPLACE (city or town) (State or country) Darlington Md

MOTHER

15. MAIDEN NAME Adeline Harwood

16. BIRTHPLACE (city or town) (State or country) Darlington Md

17. INFORMANT Miss Hooper
(Address) Darlington Md

18. BURIAL, CREMATION, OR REMOVAL
Place Darlington Cem Date Sept 29 1933

19. UNDERTAKER H L Bailey
(Address) Darlington Md

[illegible] Darlington Williams

SEP 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/14/33 19.. to 9/26/33 19.. I last saw h[illegible] alive on 9/26/33 19.. Death is said to have occurred on the date stated above, at 5.00 P m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Carcinoma Gall Bladder
Carcinoma Liver Secondary
Metastatic Cut to Liver
" " Jaundice

Other contributory causes of importance:

Myocarditis acute

Name of operation Laparotomy Date of 9/25/33

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) Md Gen Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93903

CERTIFICATE OF DEATH

49 E 93903

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3157 Elmora Ave St., 8-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Gertrude Wheatley

(a) Residence: No. 3157 Elmora Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Sidney Wheatley

6. DATE OF BIRTH (month, day, year) Dec 1st 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways Co

10. Date deceased last worked at this occupation (month and year) Apr 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Wm H. Colwell

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Florence Clinton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ethel Ratcliffe

(Address) 3157 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 27th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed Sept 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15 1933 to Sept 25 1933

I last saw h~~is~~ alive on Sept 25 1933 Death is said to have occurred on the date stated above, at 8382 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Papilloma Cystoma	about
2 - Ovary	March
	1933

Other contributory causes of importance:

Myocarditis	about
	1933

Name of operation Removal Tumor Date of Sept 20, 1933

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) [illegible] M. D.

(Address) 1812 E Broadway

pec.—1-12-23—M&T—500 Bks.

93904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93904

CERTIFICATE OF DEATH.

106-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Walbrook Ave St. 15-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ella V. Smith

(a) RESIDENCE NO. 2827 Walbrook ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Wid

6 If married, widowed, or divorced HUSBAND of (or) WIFE of — Jethro L. Smith

7 DATE OF BIRTH (month, day, and year) Jan 26, 1865

AGE: Years 68 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Annarundel Co Md

10 NAME OF FATHER Chas D Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annarundel Co Md

12 MAIDEN NAME OF MOTHER Ennie Crogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annarundel Co

14 Informant Millard V. Smith

(Address) 2827 Walbrook ave

15 Filed 9/27 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25th 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1931, to Sept 25th, 1933,

that I last saw her alive on Sept 25th, 1933,

and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) — yrs. mos ds

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 3 yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Arthur C Monninger M. D.

9/25, 1933 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 9/28/1933

20 UNDERTAKER: Wm Cook 1217 E Pratt — ADDRESS: Park Ave

Spre—12-6-25—A Co—200 Blks.

E 93905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93905

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH City of BALTIMORE: (No. Little Sisters of the Poor Valley & Eager St. 10-01 Ward)

2-FULL NAME August Kaul

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Kaulen

7 DATE OF BIRTH (month, day, and year) Nov 26th 1847

AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	85	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Self 88

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER Godfrey Kaul

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Sister Superior

(Address) Little Sisters of the Poor

Filed SEP 27 1933 Huntington, West Virginia Registrar

17 d35

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1933

17 I HEREBY CERTIFY, That I attended deceased from June 19 1933, to Sept 25 1933, that I last saw h— alive on Sept 25 1933, and that death occurred, on the date stated above, at 12.20 p. m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arter Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic

(Signed) L. M. Cochran, M. D.

9/26, 1933 (Address) 1114 Hanover

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — Date of Burial Sept 29 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 E Paul St

AaCo. 5-11 2'08

E 93906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93906

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Elm Ave St. 13-21 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie V. Barnes

(a) Residence: No. 3504 Elm Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robt E. Barnes

6. DATE OF BIRTH (month, day, year) Feb 5 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Wm L. Gambrill
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Annie M. Haines
16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Robt E. Barnes
(Address) 3504 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL Carroll Co Md
Place Woodlawn Cem Date Sept 28 1933

19. UNDERTAKER H. S. Marshall
(Address) 3413 Falls Road

SEP 27 1933

19. Interior Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Sept 26, 1933
I last saw her alive on Sept. 26, 1933 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration (Fatty)	1923
Other contributory causes of importance: Myocardial Failure	1933
Lobar Pneumonia	9/24/33

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Francis St. Ellis, M. D.
(Address) 3701 Roland Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93907 V 159 E 93907

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 93907

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 S Caey St., (Ward) 14 81

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Joseph Stein

(a) Residence: No. 210 S. Caey St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 25th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael S Stein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Spearman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Michael S Stein
(Address) 210 S Caey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Peter Cem Date 9/27 1933

19. UNDERTAKER John F Edwards & Son
(Address) 901 Hollins St.

20. FILED SEP 27 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/25/33, 1933, to 9/26/33, 19.....

I last saw h... alive on 9/26/33, 19..... Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	i
(Just over 6 months)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Fernand J. Levy M. D.

(Address) 910 W Lombard

Spec—9-30—A. & Co.—250 Blks.

E 93908

E. 93908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 517 W. Biddle ST. 17-01 WARD)

2 FULL NAME Laura Bass

(a) RESIDENCE NO. 517 W. Biddle ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Henderson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Henderson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mrs Robinson
(Address) 517 W Biddle St. Baltimore Maryland

15 SEP 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26, 1933

17
I HEREBY CERTIFY, That I attended deceased from July, 17, 1933, to Sept 26, 1933
That I last saw h[illegible] alive on Sept. 25, 1933
and that death occurred, on the date stated above, at 7.30 a. m.
The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis,

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY ..... (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pollitzer M. D.
19 (Address) 817 Hamilton Ter.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem
UNDERTAKER Samuel T. Hemley

DATE OF BURIAL Sept 28 1933
ADDRESS 578 W Biddle St

X. D. R. 1265-9

.93909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93909

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S. Charles St. St., 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Jones.(C)

(a) Residence: No. 711 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced, (or) WIFE of James Jones.(C)

6. DATE OF BIRTH (month, day, year) December 14, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Claiborne Md.

FATHER

13. NAME William Palmer.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Johanna Jones.(C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT James Jones.(C) husband.
(Address) 711 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9/27 1933

19. UNDERTAKER Samuel F. Wemsley
(Address) 528 N. Fiddle St.

20. [illegible] Huntington Williams
Registrar

SEP - 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 3.50 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
Hemipleqio.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If not specify

[illegible] Coroner, M. D.

(Address) 1017 E. Charles St.

M. D. B. 1268-9

E 93910

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93910

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 E. 30th St St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Sarah Elizabeth Kelly

(a) Residence: No. 610 E 30th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Kelly.

6. DATE OF BIRTH (month, day, year) July 14th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Peter Brown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Alice Reynolds

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Bertha Kelly (Address) 610 E 30th St

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Cem Date Sept 29 33

19. UNDERTAKER Herzberger & Gross (Address) Govans Md.

20. FILED SEP 27 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th 1933 to Sept 26th 1933

I last saw her alive on Sept 24th 1933 Death is said to have occurred on the date stated above, at 1458 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Other contributory causes of importance:	
Acute Gastritis	Sept 33

Name of operation — Date of —

What test confirmed diagnosis Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Gatov M. D.

(Address) 401 E 25th St

M. D. B. 1268-9

E 93911

93911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3454 Keswick Road, 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma May Deitz

(a) Residence: No. 3454 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W Deitz

6. DATE OF BIRTH (month, day, year) May 1, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Thomas Fitch

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Ella Burns

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT John W. Deitz

(Address) 3454 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 28, 1933

19. UNDERTAKER Chamberlain Son

(Address) 3615-17 Chestnut Ave

20. FILED 19 Witness

SEP 27 1933 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Sept 26, 1933.

I last saw h CR alive on Sept 26, 1933. Death is said to have occurred on the date stated above, at 6:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	1923
CEREBRAL HEMORRHAGE	1930
MYOCARDIAL FAILURE	1933

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Frances St. Gilles M. D.

(Address) 3701 Roland Ave

M. D. B. 1268-9

E 93912

HEALTH DEPARTMENT—CITY OF BALTIMORE

93912

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Woodbury Ave St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E Lamee

(a) Residence: No. 2009 Woodbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A Lamee

6. DATE OF BIRTH (month, day, year) April 9, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME John A Lamee

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Susannah McElroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sarah A. Lamee.
(Address) 2009 Woodbury Ave.

18. BURIAL, CREMATION, OR REMOVAL Dist Cemetery Co. Date Sept 29, 1933

19. UNDERTAKER Pennington Son
(Address) 2431 Pennsylvania Ave

FILED SEP 27 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933 to Sept 26th, 1933

I last saw h[illegible] alive on Sept 16th, 1933 Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinomatosis	6 mo.
Other contributory causes of importance: Senile	

Name of operation Abdominal Date of Aug 1876

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N/A Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. A. Tillett M. D.

(Address) 36 N. Potomac Rd

M. D. B. No. E 93913

E 93913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T 731V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 14-C Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. 2 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George Forrester

(a) Residence: No. Elkridge Maryland Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Sarah Forrester

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Sarah Forrester
(Address) Elkridge

18. BURIAL, CREMATION, OR REMOVAL
Place Elkridge Md Date Sept 28th 1933

19. UNDERTAKER G. Gould
(Address) 111 S. Gilmor St Huntington Baltimore Md

EP 27 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-25 1933 to 9-25 1933

I last saw him alive on 9-24 1933 Death is said to have occurred on the date stated above, 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Arteriosclerosis Cardiac
Duodenal Ulcer
Abscess

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) E. Harris M.D.

(Address) Provident Hospital

Spec—9-30—A. & Co.—250 Blks

E 93914

E 93914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-002

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 19-01 WARD)

2. FULL NAME Baby Agnes M. Murphy

(a) RESIDENCE No. 1523 W. Pratt St. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/1/33

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edmond J. Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucille Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Edmond J. Murphy 1523 W. Pratt St.

15 Filed SEP 27 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26/33

17

I HEREBY CERTIFY, That I attended deceased from 9/18, 1933, to 9/26, 1933

that I last saw h alive on 9/26, 1933

and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus
Idiopathic Jaundice.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Aloha H. Crowther M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 9/27 1933.

20 UNDERTAKER Harry H. Weitz & Co. ADDRESS 4101 Edmondson Ave.

M. D. B. 1268-9

03915 27127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

03915 V 156-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Yankelowitz

(a) Residence: No. 3928 Resterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/4/88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Martin Yankelowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kaksman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date Sept 27, 1933

19. UNDERTAKER Fred Winegrad & Bro
(Address) 1717 E Baltimore St

FILED SEP 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1933 to Sept 26 1933

I last saw him alive on Sept 26 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	9 26 33
due to myasthenia gravis	
(Paralysis of diaphragm)	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Bordley M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93916

CERTIFICATE OF DEATH

E 93916

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5911 Old Pimlico Road. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah M. Ormond,

(a) Residence: No. 5911 Old Pimlico Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Ormond

6. DATE OF BIRTH (month, day, year) February 7th. 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Samuel Roche

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Dohoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Family Records

(Address) 5911 Old Pimlico Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Sept. 28 19 33

19. UNDERTAKER Chas. F. Fraunfelter

(Address) 1128 W. Mt. Royal Ave

20. FILED SEP 27 1933 Thaddeus Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26th. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1930 to Sept 26 1933

I last saw h[illegible] alive on Sept 26 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis, Myocarditis Senile Arthrisclerosis — Date of onset July 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emily Turner M. D.

(Address) Medical Dr.

M. D. P. 1268-9

✓ E 93917

93917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Gross.

(a) Residence: No. 1215 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married.

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Emelie Gross.

6. DATE OF BIRTH (month, day, year) August 14, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Karl Gross.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Christina Feistel.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Edward Gross.

(Address) 1215 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Sept 27, 1933

19. UNDERTAKER F. B. Kuhbert & Son

(Address) 300 Eutaw Place

27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1933 to Sept. 24, 1933

I last saw h. alive on Sept. 24, 1933 Death is said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	16 days
Broncho-Pneumonia (Terminal)	2 days

Other contributory causes of Importance:

Strangulated Hernia - left.
Generalized arteriosclerosis.

Name of operation None. Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. A. Toolman, M. D.

(Address) Mercy Hospital

M. D. B. 1268-B

93918 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 93918

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on Arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Alexander

(a) Residence: No. 1616 Thames St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male White
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): ??????

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years about 36 yrs; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. f
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eastern Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date Sept 19

19. UNDERTAKER
(Address)

[illegible] 1933 0873 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 14/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at about 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

Drowned-Fell of dock at foot of Broadway while drunk — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. H. Coroner . M. D.

(Address) 508 E North Ave

M. D. B. 1268-9

✓ E 93919

93919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Smith

(a) Residence: No. 228 S. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	?????

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Sept 22, 19[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1933 0872 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 16/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to stab wounds of left common carotid artery & internal juglar vein with pocket knife	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury , 19

Where did injury occur? City Spring Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

E 93920

HEALTH DEPARTMENT—CITY OF BALTIMORE

93920

CERTIFICATE OF DEATH

45-01

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute to Hopkins Hospital from St. Arrunde Ward 9

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Wise

(a) Residence: No. 1303 N. Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	?????

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 55 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Dept N.E.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 27 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

27 1933

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 18/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at A.M. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardio-vascular Disease	???

Other contributory causes of importance:

Name of operation Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

E 93921

93921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John O'Davis

(a) Residence: No. 1316 Harlem Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of 2
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bells Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 27, 1933

[illegible] Baltimore Md.

19. UNDERTAKER

(Address)

20. FILED Sept 27 1933 [illegible] Huntington Williams, M.D. Registrar

0870

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1213 N Howard St

M. D. B. 1268-9

E 93922

93922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Hall

(a) Residence: No. 1118 S. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 18, 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME James Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Pearl Wallace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Medical Date Sept 21, 1922

19. UNDERTAKER [illegible]
(Address) [illegible]

Sept 21 1922 Huntington Williams M.D. Registrar.
0876 Apt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19, 1922

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1922, to Sept 19, 1922.

I last saw him alive on Sept 19, 1922. Death is said to have occurred on the date stated above, at 9:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
asphyxia of newborn due to atelectasis	9/19/22

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howell L. Hood M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 93923

93923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Elmer James

(a) Residence: No. Johns Hopkins Hosp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/17/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... (Blank)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Md

FATHER

13. NAME John James

14. BIRTHPLACE (city or town) ..... (State or country) Md

MOTHER

15. MAIDEN NAME Mercedes Figueroa

16. BIRTHPLACE (city or town) ..... (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Sept 22 1933

19. UNDERTAKER
(Address) Huntington Md

20. FILED Sept 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept- 17 1933 to Sept- 17 1933

I last saw h[illegible] alive on Sept- 17, 1933 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.

(Address) Johns Hopkins

M. D. B. 1268-9

E 93924

HEALTH DEPARTMENT—CITY OF BALTIMORE

93924 2954

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby James

(a) Residence: No. Sparrows Point Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/17/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0d

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John James

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mercedes Ferguson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Medical Date Sept 22, 1933

19. UNDERTAKER
(Address)

20. FILED Sept 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept- 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1933, to Sept 17, 1933.

I last saw h... alive on Sept- 17, 1933 Death is said to have occurred on the date stated above, at 10 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. H. 1268-9

(Simms) ✓ E 93925

93925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elias D. Simms

(a) Residence: No. 538 Wilson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Clarence Simms

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Bernetha Harris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clarence Simms

(Address) 538 Wilson

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Lookout Date 1-27-33

19. UNDERTAKER Wm. Geo. Gilbert

(Address) 631 Druid Hill Ave

27 1933 Huntington Wellington, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to Sept 20, 1933

I last saw h alive on ..... 19 ... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Strangulation due to large quantity of bread lodged in throat	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leo Falk Coroner, M. D.

(Address) Coroner

M. D. B. 1268-9

E 93926

HEALTH DEPARTMENT—CITY OF BALTIMORE

93926

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-21 W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A Connelly

(a) Residence: No. 904 N Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Do Not Know

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About or over 65 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Hugh Connelly

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Catherine Kerley

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Thos E Connelly
(Address) 904 N Charles

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9-28-33 19

19. UNDERTAKER Patterson
(Address) 1318 Eutaw

20. FILED 9-27-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1933 to Sept 26th 1933.

I last saw her alive on Sept 26th 1933. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Sigmoid Colon	5
Other contributory causes of importance: Intestinal Obstruction	9-23-33

Name of operation Laparotomy Date of 9-25-33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emil J. O. Hildebrand M. D.

(Address) University Hospital

M. D. B. 1268-9

✓ E 93927

93927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Nicks.

(a) Residence: No. 1023 Brantley Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Nicks.

6. DATE OF BIRTH (month, day, year) Dec. 22 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Goldsboro N.C.

FATHER

13. NAME Easton Nicks.

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Linah Rawls.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Julia Perry (daughter)
(Address) 1023 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Sept 28. 1933

19. UNDERTAKER Geo. A. Wilson
(Address) 1000 Pitcher Ave

20. FILED 1933 Registrar.

271933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-22-33 to 9-25 1933.
I last saw him alive on 9-25 1933 Death is said to have occurred on the date stated above, at 12 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocardial insuff.	?

Other contributory causes of importance: Hypertension chronic arthritis

	9 yrs ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reuter M. D.
(Address) Balto City Hosp.

M. D. B. 1268-9

✓ E 93928

93928 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E. Cross St St. 23-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary V. Kiefer

(a) Residence: No. 112 E. Cross St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William S. Kiefer

6. DATE OF BIRTH (month, day, year) Sept 12 1374

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Francis Ryan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Kiefer
(Address) 112 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 27 Sept. 1933

19. UNDERTAKER J. Fenwick McCully.
(Address) 1304 Huntington Avenue, Md.

20. Filed 27 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 3 1933 to Sept 26 1933

I last saw her alive on Sept 22 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	[illegible]
Other contributory causes of importance:	
Influenza	9.23

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1314 Eighteen

M. D. B. 1768-9

✓ E 93929

93929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4826 Palmer Ave 27-31 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Zink

(a) Residence: No. 4826 Palmer Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John B Zink

6. DATE OF BIRTH (month, day, year) Nov 27 1853

7. AGE: Years 79 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME Edw Flynn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Carl Emmin
(Address) 4826 Palmer Ave

18. BURIAL, CREMATION, OR REMOVAL
Place 9/28/33 Cathedral Cem

19. UNDERTAKER Geo C Stanley
(Address) Fueberts Funeral Home

20. FILED ... Registrar.

9 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1933 to Sept 25 1933

I last saw her alive on Sept 24 1933 Death is said to have occurred on the date stated above, at 3.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edw Talbott M. D.

(Address) 2026 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

E 93930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93930

CERTIFICATE OF DEATH

✓ 93-003.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 W. Fayette St. 4th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Stewart

(a) Residence: No. 622 W. Fayette (Usual place of abode) Street (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Stewart

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Spencer

14. BIRTHPLACE (City or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Georgenia Mitchell

(Address) 622 Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 28 1933

19. UNDERTAKER David Farber

(Address) 266 Pa Ave Huntington W. Va.

SEP 28 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 1933 to ... 1933

I last saw h... alive on Sept 24 1933 death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3
Other contributory causes of importance: Pneumonia Edema	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fanny Stevenson, M. D.

(Address) 265 Mulberry

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93931

E 93931

CERTIFICATE OF DEATH

93-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N. Fulton St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wm. Rawson Myers

(a) Residence: No. 1709 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth M. Myers.

6. DATE OF BIRTH (month, day, year) Aug. 5, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traffic Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. P. D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

FATHER

13. NAME Wm. A. Myers.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgia Anna Rawoder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elizabeth M. Myers

(Address) 1709 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Havre de Grace Md. Date Sept 29 1933

19. UNDERTAKER Wm. McKee & Sons

(Address) North & Pa Aves

SEP 28 1933

Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1933, to Sept 27th, 1933

I last saw h. alive on Sept 26 1933. Death is said to have occurred on the date stated above, at 5.40a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	9/24/33
Other contributory causes of importance:	
Acute Bronchitis	9/26/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) W. Sullivan M. D.

(Address) 1701 N. Fulton Ave

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93932

CERTIFICATE OF DEATH

23E 93932

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town where death occurred) ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche Daniels

(a) Residence: No. 1139 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	aa	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Daniels

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME, Ethel Berry

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James Daniels

(Address) 1209 Upton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 29 1933

19. UNDERTAKER James Adams

(Address) 142 W Fayette St

SEP 28 1933 Washington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-1933

22. I BEREBY CERTIFY, That I attended deceased from 9-9-1933 to 9-25-1933

I last saw her alive on 9-25 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Probably Pulmonary Tuberculosis — Date of onset .....

Other contributory causes of importance:

Cyesis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. B. Butler M. D.

(Address) Provident Hospital

M. D. B. 1268-9

E 33933 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33933

CERTIFICATE OF DEATH

✓ 95-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. HIGH ST. St. 5 or 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME PETER YEGEROFF

(a) Residence: No. 219 N. HIGH ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	DIVORCED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME NOT KNOWN Jegeroff

14. BIRTHPLACE (city or town) (State or country) NOT KNOWN Russia

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) Russia NOT KNOWN

17. INFORMANT ELEX LUBICH

(Address) 1910 E. BALTO? ST.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Hartford Date 9-28- 1933

19. UNDERTAKER JACK LEWIS INC.

(Address) 1439 E. BALTO. ST.

20. FILED ... 19... [illegible]

SEP 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... in

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1 mo

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James M Fenton Coroner, M. D.

(Address) 700 E Chase

M. D. B. 1268-0

E 93934

HEALTH DEPARTMENT—CITY OF BALTIMORE

93934

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4625 Keswick Road St., Roland Park Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Dienemann

(a) Residence: No. 4625 Keswick ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Edmund Dienemann

6. DATE OF BIRTH (month, day, year) Dec 31 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mat. Dienemann

(Address) 4608 Lochenlay Road Roland Park

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date Sept 29, 1933

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

SEP 28 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933 to Sept 27, 1933

I last saw her alive on Sept 26, 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac disease	2 y
Other contributory causes of importance: Cardiac dilitation	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [illegible] M. D.

(Address) 3429 Chestnut Ave

M. D. B. 1268-9

Wm A H KILBOURN

E 93935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

E 93935

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1965 Perlman Place (Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm A. H. Kilbourn

(a) Residence: No. 1965 Perlman Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary L. K. Clarke

6. DATE OF BIRTH (month, day, year) 7-12-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Robt L. Kilbourne

(Address) 1083 Edgecombe Circle

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 9-30-33

19. UNDERTAKER Leonard Bluett

(Address) 2305 Madison Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1933 to Sept 27 1933.

I last saw h[illegible] alive on Sept 26 1933. Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Carcinoma	
[redacted] 1° Rectum	
[redacted]	

Other contributory causes of importance:

Cardiac Asthenia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Wetherby M.D.

(Address) 727 E. Preston St

8 1933

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93936

E 93936

CERTIFICATE OF DEATH

V 157-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 52[illegible] St. 7-01 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME [illegible]

(a) Residence: No. 52[illegible] St., ...Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66		11/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) [illegible]
(State or country) Md.

MOTHER FATHER

13. NAME [illegible]
14. BIRTHPLACE (city or town) [illegible]
(State or country) [illegible]
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) [illegible]
(State or country) U.S.

17. INFORMANT [illegible]
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 28 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

SEP 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933, to Sept 27, 1933.
I last saw h[illegible] alive on Sept 27, 1933 death is said to have occurred on the date stated above, at 6[illegible] P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	

(Other contributory causes of importance:
Failure to Gain
Postmortem Orders

Name of operation none Date of ....
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) [illegible], M. D.
(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93937 E 93937

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 79 N. Culver St St. 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank K. Slinkman,

(a) Residence: No. 79 N. Culver St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle A. Slinkman.

6. DATE OF BIRTH (month, day, year) December 3, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 064

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Casper Slinkman,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary E. Hentz,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Myrtle A. Slinkman
(Address) 79 N. Culver St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date SEP 29 1933

19. UNDERTAKER Geo N. Little
(Address) 2700 Edmondson Ave.
Huntington Williams, Mgr.

20. FILED SEP 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1933 to Sept 26 1933

I last saw him alive on Sept 26 1933 Death is said to have occurred on the date stated above, at 100 m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Cardiac Decompensation	
Ch Nephritis	

Other contributory causes of importance:

Cerebral Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. Lee Rollins M. D.

(Address) 400 N Payson St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

93938

CERTIFICATE OF DEATH

E 93938

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Dorsey Memorial Hospital St., (Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marshall Adams.

(a) Residence: No. 816 Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) Nov. 16-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Josiah Adams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Butler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Adams
(Address) 816 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9/28/ 19 33

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1 Huntington Avenue

FILED 28 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Disease of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Thommen M. D.
Coroner

(Address) 3602 Orland Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93939 — 82-L 93939

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Harlem Av. St., 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick A. Johnson

(a) Residence: No. 813 Harlem Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lydia E. Johnson

6. DATE OF BIRTH (month, day, year) Mar 5 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

FATHER

13. NAME Samuel Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lydia Johnson
(Address) 813 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Peters Date 9/29/1933

19. UNDERTAKER Mrs. George R. Holland
(Address) 1631 Edmondson Ave

Filed 9/28 1933 Huntington Williams N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933 to Sept 26, 1933

I last saw him alive on Sept 26, 1933 death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/20/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. E. Dell M. D.

(Address) 1131 N. Fremont Ave

M. D. B. 1268-9

E 93940 ✓ E 93940

E 93940 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1912 E. 30th St., 9-01 Ward)
Length of residence in city or town where death occurred, 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter H. Geffert.
(a) Residence: No. 1912 E 30th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie S. Geffert

6. DATE OF BIRTH (month, day, year) Feb. 15 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk. Drugs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Henry. Geffert

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Minnie S. Geffert
(Address) 1912 E 30th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 9/29th 1933

19. UNDERTAKER Mrs Chas A G Ruhr & Edmondson Ave
(Address) 237 Huntington Avenue

Registrar.

Filed SEP 28 1933 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1933 to Sept 26 1933
I last saw him alive on Sept. 26 1933 Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Syncope	Sept 26 '33

Other contributory causes of importance:

Acute Pulmonary Tuberculosis	Probably Sept 5

Name of operation None Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) G. Lebrun Ewell M. D.
(Address) 7 E. Saint Paul St.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

✓ E 93941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93941

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 24-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm. Irvin Lamp

(a) Residence: No. 106 E. West St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trust
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wendelin Lamp
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Maier
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 10/1 1933

19. UNDERTAKER E. P. C. Harr.
(Address) 715 E. West St

Filed SEP 28 1933 19 ... Registrar Huntingdon Mills, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1933 to Sept 27 1933

I last saw h. alive on Sept 26 1933 Death is said to have occurred on the date stated above, at 2 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Other contributory causes of importance:	

Name of operation Gastrostomy Date of 9/6/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irvin H. Lamp M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 93942 ✓ E 93942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH B.J.H. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....) St., 6-01 (Ward)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Charles Wilhelm

(a) Residence: No. 2600 E. Fairmount Ave. Ward. —
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~late wife~~ of Dorothy Wilhelm

6. DATE OF BIRTH (month, day, year) Feb 4 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fur dept. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Wilhelm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Balletta

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothy Wilhelm wife
(Address) 2600 E. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date Sept. 29. 1933

19. UNDERTAKER Jos. L. Henderson
(Address) 1156 N. Eutaw ave.

20. SEP 28 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/25/33, 19 ... to 9/26/33, 19 ...

I last saw him alive on 9/26/33, 19 ... death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9/21/33
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) D. M. P. Francis M. D.

(Address) Asst. Balto. General Hospital

M. D. H. 1268-9

E 93943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93943

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 Gorsuch Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 5/12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME C. Annie Carswell

(a) Residence: No. 1442 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of L. Scott Carswell

6. DATE OF BIRTH (month, day, year) March 11/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stewart Crouch

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Charlotte Buckley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Walter S. Carswell
(Address) 1442 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Sept 28th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt

20. FILED SEP 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 26/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, 5.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pulmonary Embolism	Sep 26
Bronchopneumonia	Sep 20

Other contributory causes of importance:

Diabetes	20 yrs
Fracture rt femur(Shaft)	Aug 15/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury ... 19 ...
Where did injury occur? Rockport, Mass (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in her bedroom of cottage
Manner of injury Slipped and fell to floor
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John H Cacen, M. D.
Coroner
(Address) 508 E Fayette

E 93944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93944

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Westfield Ave St., 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lewis Gutberlet

(a) Residence: No. 2919 Westfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of May Dempsey

6. DATE OF BIRTH (month, day, year) July 1/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carnivals

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles A. Gutberlet

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Marguerite Thalheimer (Sister)
(Address) 2919 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lathedal Date Sept 29, 1933

19. UNDERTAKER Leonard J. Pugh HF
(Address) 5305 Harford Ave

Filed ... 19 ... Registrar.

SEP 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 26/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at A.M.-m.

The principal cause of death and related causes of importance were as follows:

Probable Myocardial Insufficiency

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. J. H. Callen M. D.

(Address) 508 E North Ave Coroner

M. D. P. 1268-9

93945

✓ E 93945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25 Ward) 21

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U. S. If of foreign birth 36 yrs. ... mos. ... ds.

2. FULL NAME Fred Carman

(a) Residence: No. Delta, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private household

10. Date deceased last worked at this occupation (month, year) 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs M. Dy Ross
(Address) Delta Md

18. BURIAL, CREMATION, REMOVAL
Place [illegible] John's Cem Date Sept 30, 1933

19. UNDERTAKER Easton Sons
(Address) Funeral Chs
Huntington Ave Baltimore Md

20. FILED SEP 28 1933 # 1097

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1933, to Sept 28, 1933

I last saw h[illegible] alive on Sept 28 1933 Death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Stenosis + ataxia (Duke's case)	

Other contributory causes of importance:

Name of operation Suprapubic cystotomy Date of 21-Sept

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) George Govatos, M. D.

(Address) St Agnes Hospital.

OCCUPATION is very important. See instructions on back of certificate.

E 93946

M. D. of B. Form 9

E 93946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U S Marine Hospital

CITY OF BALTIMORE: (No. Baltimore Md St., 26-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Olaf A Alexanderson

(a) Residence: No. 6707 East Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Montrew

6. DATE OF BIRTH (month, day, year) Jan 11 - 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39 yrs	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipbuilder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Mangr.

10. Date deceased last worked at this occupation (month and year) 6-15-33 to 6-4-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liverpool N Y

FATHER

13. NAME Gust Alexanderson

14. BIRTHPLACE (city or town) (State or country) Hoboken N.J.

MOTHER

15. MAIDEN NAME Anna Matilda Carlson

16. BIRTHPLACE (city or town) (State or country) New York N Y

17. INFORMANT Records U S Marine Hospital
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Sept 29 1933

19. UNDERTAKER John Ulrich & Sons
(Address) 200 E Pleasant St

SEP 28 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 28-33 . 19 .... to Sept 27-33 . 19 ....

I last saw h alive on Sept 27-1933 . 19 . Death is said to have occurred on the date stated above, at 11:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia Rt Inguinal Complete - Incarc	1931
Other contributory causes of importance:	
Pneumonia Rt lower Lobe Post Operative	9-26-33

Name of operation Herniotomy Date of 9-28-33

What test confirmed diagnosis? Surgical & Autopsy Was there an autopsy? Partial autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Ruptured Inguinal by Fall 9-21-33

Manner of injury Fell down stairs

Nature of injury Hernia Rt Inguinal

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Probably aggravated by

(Signed) H. L. Entwisle M. D.

(Address) U. S. Marine Hosp. Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

E 93947 (Rec'd 11 Mo.)

E 93947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N. Kresson St., 4-H-61 Ward)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 21 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Love

(a) Residence: No. 5 Kresson St St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, ~~Married~~, ~~Widowed~~, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George R. Love

6. DATE OF BIRTH (month, day, year) Aug 6 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Gollerey
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Louisa Leightner
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lorenza Smith
(Address) Aberdeen Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date Sept 30 1933

19. UNDERTAKER Forsyth Sons
(Address) 217 S. Eutaw

FILED SEP 28 1933, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 19.. to 9/27, 1933
I last saw h.. alive on Sept 27 1933 death is said to have occurred on the date stated above, at 3 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Apoplectic)	9/26/33
Other contributory causes of importance: Hypostatic Congestion Chronic Int Nephritis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

Signed ... M. D.
(Address) 3322 E Baltimore

M. D. H. 1268-9

93948 E 93948

93948 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Sarah Ann St. St., 18-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Layton. (C)

(a) Residence: No. 1033 Sarah Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 28, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stephen Layton. (C)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Hattie Kelly. (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Hattie Layton. (C) mother.
(Address) 1033 Sarah Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Sept 28 1933

19. UNDERTAKER Mrs. K. R. Williams
(Address) 322 N. Schroeder St.

28 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) September 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..., to ..... 19 ...
I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 9.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	
Whooping cough.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhardt, M. D. Coroner

9/28/33 (Address) 1017 E. Chase st.

Spec.—1-12 23—M&T—500 Blks.

E 93949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93949

CERTIFICATE OF DEATH.

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S. Gilmor ST. 19-01 WARD)

2-FULL NAME Lilly Deborah Murr

(a) RESIDENCE NO. 413 S. Gilmor ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John S. Murr.

6 DATE OF BIRTH (month, day, and year): Oct 23-1852.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
50.	11	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John W. Warner.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret Russell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): John S. Murr. 413 S. Gilmor

15 FILED: 8 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 1933

17 I HEREBY CERTIFY, That I attended deceased from February, 1933, to Sept. 27, 1933, that I last saw h[illegible] alive on Sept 27, 1933, and that death occurred, on the date stated above, at 1:10 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Auto cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 1030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. DATE OF BURIAL: Sept 29-1933.

20 UNDERTAKER: Harry H. Witzke ADDRESS: 440 Edmondson Ave

THIS IS very important. See instructions on back of certificates.

M. D. B 1268-9

E 93950

93950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4156-Pimlico Rd. St., 15-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine S. Courtney

(a) Residence: No. 4156-Pimlico Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Courtney

6. DATE OF BIRTH (month, day, year) 12/23/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	2	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Francis A. Broderick

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Margaret Greeley

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT James Courtney
(Address) 4156-Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date , 19

19. UNDERTAKER [illegible]
(Address)

[illegible] Registrar.

SEP 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1933 to Sept. 25, 1933

I last saw h.. alive on Sept. 25, 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James S. Ashehurst M. D.
(Address) 4012 Park Heights ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

93951 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 93951

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1324 Brunt St., 17-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Stanford

(a) Residence: No. 1324 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmle	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2nd 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas Stanford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Downs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Parker
(Address) 1438 Brunt St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 29 1933

19. UNDERTAKER Clarence E. Wright
(Address) 1000 Lanvale Ave

Registrar.

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Sept 27 1933 Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis
Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. C. Luck, M. D.
Coroner

(Address) City

M. D. B. 1268-9

E 93952

93952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Calhoun St.) (18-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Timanus

(a) Residence: No. 14 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockdale Maryland

FATHER

13. NAME Israel Timanus

14. BIRTHPLACE (city or town) (State or country) Rockdale Maryland

MOTHER

15. MAIDEN NAME Mary E. Bell

16. BIRTHPLACE (city or town) (State or country) Rockdale Md.

17. INFORMANT Mr. Francis Kennedy
(Address) 14 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Cemetery Date Sept. 29, 1933

19. UNDERTAKER Joseph Hook
(Address) 1003 W. Baltimore St.

Filed SEP 28 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June - 1933, to Sept-27, 1933

I last saw h[illegible] alive on Sept-27, 1933 Death is said to have occurred on the date stated above, at 7300 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
3 months ago	
Another in 2 days.	
Other contributory causes of importance:	
Arterio Sclerosis	2 yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marcinda L. Stark M. D.

(Address) 506 N. Gueldner Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Pks

E 93953

93953 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 214 E Biddle St 11-01 WARD)

2. FULL NAME Emily Broughton Beacham

(a) RESIDENCE NO. 214 E Biddle St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~ Married, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of: Late F. B. Beacham

6 DATE OF BIRTH (month, day, and year): March 4 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	56	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: R. J Broughton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Va

12 MAIDEN NAME OF MOTHER: Emily C. Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Va

14 Informant (Address): F. S. Beacham 214 E Biddle St

15 28 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28/33

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3d, 1933, to Jan 28th. 1933

That I last saw he alive on Jan. 28th. 1933

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Hypertension Sclerosis

(duration) yrs. mos. 3d ds.

18 Where was disease contracted if not at place of death? Ca

Did an operation precede death? Ca Date of —

Was there an autopsy? Ca

What test confirmed diagnosis? Symptoms

(Signed) J. A. Packard M. D.

Jan 30 1933 (Address) 300 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Jan 30 1933

20 UNDERTAKER: H. Hopkins Sons Co

ADDRESS: Cathedral St-Co Woods

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93954

93954

27682 Surg

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-001 2644

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 25-01 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mon. da.

2. FULL NAME Frank Soustek

(a) Residence: No 1518 Cypress St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Anna

6. DATE OF BIRTH (month, day, year) Aug 13-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Soustek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross-MC Date Oct 2- 1933

19. UNDERTAKER August Tasek
(Address) 2404 Ashland Ave

20. FILED 9-28-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-13-1933 to 9-28-1933

I last saw him alive on 9-28-1933. Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver Abscess	
Peritonitis	
	9/1/33
Other contributory causes of importance: Appendiceal Abscess	
Bronchopneumonia	9/15/33
Septicemia	

Name of operation incision & drainage appendiceal abscess Date of 9/1/33
" " " subdiaphragmatic " " 9/24/33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. H. Compton Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 93955 ✓ E 93955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. 14-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Smith

(a) Residence: No. 1333 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Smith

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Benjamin Galloway

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 9/30 19 33

19. UNDERTAKER Wm. H. Pratt & Co.
(Address) 1911 Pratt St.

SEP 29 1933 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1933 to Sept 28 1933

I last saw her alive on Sept 27 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senile dementia	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Pr. Magill M. D.

(Address) Balt. City Hosp.

M. D. B. 3268-P E 93956

E 93956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Alameda Blvd) (Ward 9-01)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara R. McClelland

(a) Residence: No. 2707 Alameda Blvd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Theodore M. McClelland

6. DATE OF BIRTH (month, day, year) Dec 14th 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Salts Md.

FATHER

13. NAME Samuel P. Cole

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha A. Peed

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Theodore M. McClelland

(Address) 2707 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED SEP 29 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-1-, 1933 to Sept-28, 1933

I last saw h~~er~~ alive on Sept-28, 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder- Type [illegible]	3 mo.

Other contributory causes of importance:

Metastases of Liver and Stomach- ascites-

Name of operation None Date of .....

What test confirmed diagnosis? Cystoscopic

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion Lee Shoaf M. D.

(Address) 806 N Gilmor

Form 3 OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A & G—250 M's

E 93957

E 93957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2810 Echodale ST. 27-01 WARD)

2-FULL NAME Kunigunda Sporer.

(a) RESIDENCE NO 2810 Echodale ST. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew. Sporer

6 DATE OF BIRTH (month, day, and year) DEC 26 51

7 AGE — Years: 81 | Months: 9 | Days: 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bavaria Germany

PARENTS

10 NAME OF FATHER Geo. Arantlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Vogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Jac Sp. + Fanc 2810 Echodale av.

15 Date SEP 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27-33

17 I HEREBY CERTIFY, That I attended deceased from 6-22, 1933, to 9-27, 1933

that I last saw her alive on 9-27, 1933

and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Carsinomatosis - Large intestine -

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute obstruction -

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Exam

(Signed) S. Isaacs M. D.

9-28, 1933 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

20 UNDERTAKER Wm Cook

DATE OF BURIAL 9/30 1933

ADDRESS 1217 S. Paca St

TION is very important. See instructions on back of certificate.

M. D. B. 126-33 E 93958 ✓ E 93958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Shipley

(a) Residence: No. Kenwood Drive, Woodlawn, Balto Co. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 25, 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Shipley

14. BIRTHPLACE (city or town) (State or country) Balto County

MOTHER

15. MAIDEN NAME Gertrude Trautman

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT Mary Watson Aid Society, Balto
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Sept 29, 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED ..... 19..... Registrar

EP 29 1933 Huntington Hodges, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933 to Sept 26, 1933

I last saw h[illegible] alive on Sept 26, 1933. Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	9/19
Peritonitis	

Other contributory causes of importance:

Name of operation Incision & drainage Date of 9/25

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Myron S. Tull M.D.

(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 Cr 9 E 93959 ✓ E 93959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. St., 11-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Drayton

(a) Residence: No. 927 N. Morris st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Charlestown South Carolina

FATHER

13. NAME: Joseph George Drayton

14. BIRTHPLACE (city or town) (State or country): South Carolina

MOTHER

15. MAIDEN NAME: Sarah ?

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/29 1933

19. UNDERTAKER Samuel T. Hemsley
(Address) 578 W. Biddle St

RECEIVED Huntington Williams Co.
SEP 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933 to Sept. 27, 1933

I last saw h im alive on Sept. 27, 1933. Death is said to have occurred on the date stated above, at 3.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 30, 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Christopher C. Thomas M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9 E 93960

E 93960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Division St., 17-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Crowner

(a) Residence: No. 1216 Division St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown " "

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Viola Clark
(Address) 1216 Division St.

18. BURIAL, CREMATION, OR REMOVAL
Laurel Cem. Date 9/30 1933

19. UNDERTAKER Samuel H. Hensley
(Address) 528 N. Biddle St.

20. FILED SEP 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933 to Sept. 26, 1933
I last saw h[illegible] alive on Sept. 25, 1933 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Renal Disease	

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of ...

What test confirmed diagnosis? senile was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) L. C. Thompson M.D.

(Address) 202 Mulberry Ave

FORM 3 State CAUSE OF DEATH in plain terms, so that it may be properly classified. Entry of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-10 E 93961 ✓ E 93961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 10-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., (Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A. Murphy

(a) Residence: No. 735 Fiax Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Murphy

6. DATE OF BIRTH (month, day, year): Sept 16, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salisbury N. C

FATHER

13. NAME: George Murphy

14. BIRTHPLACE (city or town) (State or country): Charlotte N. C

MOTHER

15. MAIDEN NAME: Henrietta ?

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Friends (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 9/29, 1933

19. UNDERTAKER: Samuel T. Hemsley (Address) 578 W. Biddle St.

20. FILED, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Sept 26, 1933

I last saw alive on Sept 26, 1933 Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension,	?
Cerebral hemorrhage, ut.	1 Yr
& hemiplegia, Left	

Other contributory causes of importance:

Name of operation: Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Trogill M.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93962

CERTIFICATE OF DEATH

E 93962

122-001

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Md Gen Hosp St. 16 21 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Belle Miller.

(a) Residence: No. 2201 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer,

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years 66 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME David Levinston

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Blackman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Silverman
(Address) 2201 Baker

18. BURIAL, CREMATION, OR REMOVAL Place Holmes Rosedale Date Sept 19 1933

19. UNDERTAKER For Levinson & Bro
(Address) 11 & 7 E Balto St

20. FILED SEP 19 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Strangulated Hernia — Date of onset

Operation for same Sept 28th 1933

Other contributory causes of importance:

Name of operation Ryder Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Hauk M. D.
Coroner

(Address) Boston

OCCUPATION is very important. See instructions on back of certificate.

E 93963

E 93963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delois Gaskins

(a) Residence: No. 1706 W Pressman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 20-1916

7. AGE: Years 16 | Months 11 | Days 6d | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joe Gaskins

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lukens Hoy

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Gaskins

(Address) 1706 Pressman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Sept 29. 1933

19. UNDERTAKER: Thomas E Kelson

(Address) 1303 E Fayette St. Baltimore, Md

20. FILED SEP 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
8 Days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Gluck M. D.

Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

E 93964

M. D. B. 1268-4

E 93964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Heath St. 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Matthias

(a) Residence: No. 6 N Heath St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26/33

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E. Matthias

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah E. Carson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Chas E. Matthias
(Address) 6 N Heath

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Sept 29, 1933

19. UNDERTAKER A. Hyland Evans
(Address) 24 E Fort Ave

20. FILED Sept 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933 to Sept 29, 1933

I last saw her alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Asphyxia — Drowning — Accidental — Date of onset

Other contributory causes of importance:

Exhaustion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. E. Carnahan M. D.

9/29/33 (Address) 1044 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-A E 93965

E 93965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-002

1. PLACE OF DEATH The Church Home and Infirmary Baltimore, Maryland

CITY OF BALTIMORE: (No.) St., 1-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathleen Conrad

(a) Residence: No. 724 S. Bethel St, Balto. Md St., ... Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-14-1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year) 9-19-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pattletown, Maryland

FATHER

13. NAME Ernest Conrad

14. BIRTHPLACE (city or town) (State or country) Hamburg, Germany

MOTHER

15. MAIDEN NAME Nancy Bell Lynch

16. BIRTHPLACE (city or town) (State or country) Hampton, Virginia

17. INFORMANT (Address) Mrs Nicholl 724 S Bethel St

18. BURIAL, CREMATION, OR REMOVAL Place St Paul's Date Sept 29 1933

19. UNDERTAKER (Address) John C. Miller 2435 W Baltimore St

20. FILED ... 19 ... Registrar

SEP 29 1933

THE CAUSE OF DEATH must be entered by the physician in attendance. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-19 1933 to 9-27 1933

I last saw her alive on 9-27 1933 Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Intestinal Obstruction	9-21-33
Gangrene of Intestine with Rupture opening Genitalia,	9-26-33

Other contributory causes of importance:

a) Conflagration of Cervix	9-20-33
b) Injection of Ureters Exploratory Laparotomy; Resection of Sigmoid and Intestinal Anastomosis Terminal Ileostomy	9-27-33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Gerald H. Jordan, M. D.

(Address) Church Home - Inf.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93966

CERTIFICATE OF DEATH

E 93966

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem. Hosp. St. 12-04 (Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Robert Feast

(a) Residence: No. Jowson, Md St., ____ Ward. Towson Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — none.

6. DATE OF BIRTH (month, day, year) Jan. 29, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Drug store Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Georgenathan's Drug Store Towson, Md.

10. Date deceased last worked at this occupation (month and year) — Sept, 1933

11. Total time (years) spent in this occupation — 10

12. BIRTHPLACE (city or town) (State or country) — Cockeysville Md.

FATHER

13. NAME — Samuel Feast

14. BIRTHPLACE (city or town) (State or country) — England

MOTHER

15. MAIDEN NAME — Sarah Negley

16. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

17. INFORMANT — E. Ross Wilson

(Address) 228 Bloomingdale Ave, Wayne, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place — Burial — Date — Sept 29 19 33

19. UNDERTAKER — Stewart & Co

(Address) Towsontown.

20. FILED SEP 29 1933 19 ____ [illegible] Registrar. M. D.

EKS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1933 to Sept. 27, 1933

I last saw h. alive on Sept. 26, 1933 Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-nephritis	9-21-33
Other contributory causes of importance:	
Uremia	9-21-33
Hypostatic pneumonia	9-26-33
Myocardial insufficiency	9-24-33

Name of operation: Transurethral prostatectomy Date of 9-24-33

What test confirmed diagnosis? Cl. N.P.N. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Richard Frame M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93967

CERTIFICATE OF DEATH

E 93967

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 3rd (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph Wilson Cox

(a) Residence: No. Sparks, Md. St., ... Ward. .....
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 28 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. ..... do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daugherty Cox

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mabel Lowery

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daugherty Cox
(Address) Sparks, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Sparks, Md Date Oct 1, 1933

19. UNDERTAKER J. C. Brooks & Son
(Address) Sparks, Md.

20. FILED SEP 28 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933, to Sept 28, 19.. I last saw h.. in alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 2:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	9/23
	over

Other contributory causes of importance:

Acute nutritional disturbance	9/16.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. B. Soule M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 161 E 93968

E 93968

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hosp. for Women of Maryland

CITY OF BALTIMORE: (No.) John + Lafayette St. (If not in Hospital, Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Jeanne Yvette Faubert

(a) Residence: No. Crownsville State Hosp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2 1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gustave Herve Faubert

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Catherine Casimera

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Gustave Herve Faubert Crownsville State Hosp, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Crownsville Date Sept 29, 1933

19. UNDERTAKER (Address) John M. Taylor Elkridge Md

FILED SEP 29 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933 to Sept. 28, 1933

I last saw her alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema — Date of onset 9/28/33

Other contributory causes of importance:

Hemolytic Jaundice

Name of operation None Date of .....

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Beverley R. Leompston, M. D.

(Address) Womans Hosp

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 93969 E 93969

277171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 4 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Arthur Quickley

(a) Residence: No. Phoenix St., Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-23-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	3	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Quickley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion Cem Place Long Green Date Sept 30 1933

19. UNDERTAKER Bernard Steinberg
(Address) 818 Lanvale St

20. FILED SEP 29 1933 Huntington Hillis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Sept 28, 1933.
I last saw him alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary dysentery	9-21-33

Other contributory causes of importance:

Name of operation Culture & agglutination Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Washington, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. 913

Spec.—2-29-28—L. F. S.—500 Bks.

E 93970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93970

CERTIFICATE OF DEATH

156-001

1—PLACE OF DEATH Childrens Hospital School

REGISTERED NO. .....

CITY OF BALTIMORE: (No. Guilford Ave 411 ST., 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sylvia Smith

(a) RESIDENCE NO. 1861 Sonny ST., WARD 6 7 11

(Usual place of abode) Bronx N. Y.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Child

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? N. Y.

PARENTS

10 NAME OF FATHER Mr. Max Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Russia

12 MAIDEN NAME OF MOTHER Ethel Ekelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Russia

14 Informant Max Smith

(Address) 1861 Sonny St. Bronx N.Y.

15 Filed: SEP 29 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1933

17 I HEREBY CERTIFY, That I attended deceased from August 9, 1933, to September 29 1933, that I last saw h[illegible] alive on Sept 29, 1933 and that death occurred, on the date stated above, at 6:28 m.

The CAUSE OF DEATH* was as follows:

Stills disease (polyarticular infectious arthritis)

(duration) 8 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Post operative Shock, ? Lung Abscess, (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Johns Hopkins Hospital

Did an operation precede death? Yes Date of 9-27-33

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Raymond E. Lenhard, M. D.

, 19 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New York, N. Y.	9-29-1933
20 UNDERTAKER	ADDRESS
Race Levine Inc.	143 E. Balt.

important. See instructions on back of certificates.

M. D. B. 1268-9

E 93971

HEALTH DEPARTMENT—CITY OF BALTIMORE

93971

CERTIFICATE OF DEATH

XV 45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital St., 13 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Robinson

(a) Residence: No. Ed Brent rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora

6. DATE OF BIRTH (month, day, year) July 20 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter Machine 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fred Robinson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Hebron

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eliza R Robinson

(Address) Ed Brent rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md Date Oct 2 1923

19. UNDERTAKER Lloyd Ranger

(Address) Lawrence-Ranger Funeral Home Washington Boulevard

20. FILED 1923 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1923

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h alive on Sept 27 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lurk Coroner

(Address)

P 29533

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93972

93972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital. 125

CITY OF BALTIMORE: (No. ..... St. 33-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ireta Mc Donough.

(a) Residence: No. 3514 Buena Vista Ave. Ward. Balto Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	White	Married.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas McDonough.

6. DATE OF BIRTH (month, day, year) June 14th 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home. 039

10. Date deceased last worked at this occupation (month and year) 9-34-33. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Wm Harris

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Ida Hufling.

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Mrs McDonough

(Address) 3514 Buena Vista ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept. 30, 1933

19. UNDERTAKER John A. Maan

(Address) 3000 E. Balto St

SEP 29 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24th, 1933., to Sept 28th, 1933. I last saw her alive on Sept 28, 1933. Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatitis, acute	

Other contributory causes of importance:

Chronic Cholecystitis Post op. Shock. Fatty degeneration of liver

Name of operation Exploratory Laparotomy Date of 9-24-33

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— 19.....

Where did injury occur? ———

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased?

N/o If so, specify .....

(Signed) Richard Franca, M. D.

(Address) Union Memorial Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 93973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93973

CERTIFICATE OF DEATH.

V 47

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Wilsby ave ST. 9-01 WARD)

2-FULL NAME William Charles Wittman

(a) RESIDENCE NO. 4005 Wilsby Ave ST. .....

(Usual place of abode)

WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Mugent

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam fitter 060

(b) General nature of industry, business, or establishment in which employed (or employer) Building

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Peter Wittman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna W. Wittman Wife

(Address) 4005 Wilsby Ave.

15 Filed ..... 19 ..... Registrar

P 29 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 19 33, to Sept. 28, 19 33, that I last saw h[im] alive on Sept. 26, 19 33, and that death occurred, on the date stated above, at 7 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx & Metastasis Local & Regional

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Biopsy

(Signed) Francis T. Ellis, M. D.

, 19 (Address) 616 Dumbarton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Sept 30, 1933

20 UNDERTAKER John T. Moran

ADDRESS 3500 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 93974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93974

CERTIFICATE OF DEATH

V 115-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Judy J. Smith

(a) Residence: No. 222 N. Carlton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/06/1896

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
37		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hosp. record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cheltenham Stan. Cem. Date Sept 30th 1933

19. UNDERTAKER W. J. Jones

(Address) 1111 E. Gilmor St.

20. FILED 9/29/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/19, 1933 to 9/27/33, 19

I last saw h[illegible] alive on 9/27, 1933. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ludwigs Angina	9/16/33

Other contributory causes of importance:

Pneumonia	4 days

Name of operation Drg Mob Date of 9/17/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Bourne M. D.

(Address)

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93975

V 159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Boy Wagner

(a) Residence: No. 1325 Pitcher Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-25-33.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30 min.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Wm Wagner.

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Janice Snyder.

16. BIRTHPLACE (city or town) Winchester Va.
(State or country)

17. INFORMANT Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Disposal of body by Hospital Date ..... 19....

19. UNDERTAKER .....
(Address)

20. FILED ..... 19.... Registrar.

P 93933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25-1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Archie Robert Cohen M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 93976

E 93976

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 20-41

CITY OF BALTIMORE: (No. 313 N Pulaski St., Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles M. A. Starkey

(a) Residence: No. 313 N Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Husband

6. DATE OF BIRTH (month, day, year) Sept 27-1854

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	11	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookeeper & Lumber M

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 30 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME John David Starkey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Harvey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Grace Watson

(Address) 313 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Sept 30 1933

19. UNDERTAKER George A Farley

(Address) Fulton ave & Fayette St

20. FILED ... 19 10/1 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20-33, 19... to 9-26-33, 19...

I last saw him alive on 9/26/33, 19... death is said to have occurred on the date stated above, at 8:28 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Arterio Sclerosis	

Other contributory causes of importance:

Toxemia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ben McCleary M. D.

(Address) 400 N Payson St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93977

93977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

14-01

2. FULL NAME Edward Rice

(a) Residence: No. 1808 Druid Hill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Rice

6. DATE OF BIRTH (month, day, year) June 2 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Rice

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Minnie (?)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wife, Elizabeth
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date OCT 12 1933

19. UNDERTAKER Richard J. Curley
(Address) 1006 Madison Ave

20. FILED SEP 29 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/2/33 19..... to 9/29/33 19.....
I last saw him alive on 9/29/33 19..... Death is said to have occurred on the date stated above, at 4 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	—
General Carcinomatosis	—
Other contributory causes of importance:	

Name of operation Laparotomy Date of 8/2/33

What test confirmed diagnosis? Micro. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond F. Hefferd M. D.
(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. Any uncertainty of statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 20-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Pulaski St. St., ... Ward)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Hellen Cook (Cook)

(a) Residence: No. 311 N. Pulaski St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. R. W. Cook

6. DATE OF BIRTH (month, day, year) Feby. 28. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	20 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Trainor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Josephine A. Hilmer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wm. R. W. Cook
(Address) 311 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 30. 33

19. UNDERTAKER John C. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... ..... Registrar.

FEB 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/25/33 to 9/27/33

I last saw her alive on 9/27/ 1933. Death is said to have occurred on the date stated above, at 9 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	3 hrs.

Other contributory causes of importance:
Chronic Myocarditis
hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Andrew E. Calas M. D.

(Address) 42 N. Fulton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 93979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Liberty Heights Ave. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Franklin Wilson Byrd

(a) Residence: No. 3611 Liberty Heights Ave St., Ward. Accomac Co Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth B. Johnson

6. DATE OF BIRTH (month, day, year) July 21, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va

FATHER

13. NAME Colwell P. Byrd

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

MOTHER

15. MAIDEN NAME Elizabeth Trader

16. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

17. INFORMANT (Address) Mr. Clinton T. Lucas 3611 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Pikesville City Md Date Sept 29. 1933

19. UNDERTAKER (Address) Chas C Mitchell & Son 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1923 im to Sept 28 1933

I last saw h alive on September 28 1933 Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/26-33
Cardio Vascular Renal	7 Yrs

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Standish McAleer M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 29 1933

M. D. B. 1268-9

E 93980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93980

CERTIFICATE OF DEATH

17-84

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Smith

(a) Residence: No. 824 W Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Philip Smith

6. DATE OF BIRTH (month, day, year) Jan 23 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bolton Md

MOTHER

13. NAME William Burke.

FATHER

14. BIRTHPLACE (city or town) (State or country) Bolton Md

MOTHER

15. MAIDEN NAME Emma Howard

16. BIRTHPLACE (city or town) (State or country) Bucco Md

17. INFORMANT Hannah Martin
(Address) 824 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 29 1933

19. UNDERTAKER Mrs Katie R Williams
(Address) 522 E. Lexington St

20. FILED ... 19 ... Registrar.

ED 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 130 S Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93981

CERTIFICATE OF DEATH

82-001

19-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N. Bruce St.) ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Penson.(C)

(a) Residence: No. 20 N. Bruce St. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (WIFE of) Pauline Penson.(C)

6. DATE OF BIRTH (month, day, year) December 26, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 041

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina.

FATHER

13. NAME Edward Penson.(C)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Ann ---------(C)

16. BIRTHPLACE (city or town) (State or country) South Carolina.

17. INFORMANT Pauline Penson.(C) wife.
(Address) 20 N. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept. 30, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Monroe St.

20. FILED 1933 [illegible] Registrar. 9/28/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Ella M. Pinkard Coroner, M. D.

(Address) 1017 E. Lanvale St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr H. C. Hess 5600 York Rd Tax 1368

93982

HEALTH DEPARTMENT—CITY OF BALTIMORE

93982

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5511 York Rd St., 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca S. Phillipy

(a) Residence: No. 5511 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. ~~Married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Newton S. Phillipy

6. DATE OF BIRTH (month, day, year) Aug 14th 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
67	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Green Castle Pa

FATHER

13. NAME David Eshleman

14. BIRTHPLACE (city or town) (State or country) Green Castle Pa

MOTHER

15. MAIDEN NAME Catharine Leady

16. BIRTHPLACE (city or town) (State or country) Green Castle Pa

17. INFORMANT Lester M. Phillipy

(Address) 5511 York Rd Govans Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED Huntington Williams M.D.
Registrar.

P 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27th 1930 to Sept. 27 1933

I last saw h~~e~~r alive on Sept. 27 1933. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma ovr (Post Nasal)	2 yrs

Other contributory causes of importance:

Name of operation Curettage & Removal Date of Aug 22 33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Hess M. D.

(Address) 5600 York Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr. D. Hoff 2020 N. Charles St. 93983

93983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E. 21st St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida S. Sentz

(a) Residence: No. 100 E. 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of David Sentz

6. DATE OF BIRTH (month, day, year) June 4th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Emanuel Fogle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lydia Ann Pittinger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles H. Smith

(Address) 100 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Lutheran Cemetery Littlestown Pa Date Sept. 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..., 19... Registrar.

SEP 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 yrs., 19..., to Sept 27, 1933

I last saw her alive on Sept 27, 1933 Death is said to have occurred on the date stated above, at 6.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertrophic arthritis	Many yrs
Other contributory causes of importance:	
Chronic myocarditis	2

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm H. Hoff M. D.

(Address) 2020 N. Charles St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

E 93984 A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93984

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Little Sisters of the Poor

City of BALTIMORE: (No. _____ St. 10-01 Ward)

2-FULL NAME Alice F. Robertson

(a) RESIDENCE NO. 1200 - Valley St. (Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Robertson

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	85	"		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Wiley

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) unknown

12 MAIDEN NAME OF MOTHER Emily Hudson

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) unknown

14 Informant Sister Stanislaus, Sup. (Address) 1200 - Valley St city

15 Filed Sept 29 1933 Huntington T. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 29 Sept. 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1933, to Sept 29 1933, that I last saw her alive on Sept 27 1933, and that death occurred, on the date stated above, at 8:00 m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) H. T. Williams, M. D.

, 19 (Address) 1117 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial Sept 30 1933

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Gremmt Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 29 1933

Spec. Adopted A. F. S. 7-00 Bks.

93985

E 93985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2113 Barclay ST., 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Bridget Kelly Lynch

(a) RESIDENCE NO. 2113 Barclay ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Peter C Lynch

6 DATE OF BIRTH (month, day, and year) July 16, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Winifred Carbon

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs L Fauteux

(Address)

15 Filed ..., 19 ... Registrar

P 29 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Sept. 28, 1933, that I last saw her alive on Sept. 27, 1933 and that death occurred, on the date stated above, at 3:20 m.

The CAUSE OF DEATH* was as follows:

Coronary sclerosis

Generalized Arteriosclerosis

Diabetes Mellitus

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sheldon Loveland, M. D.

, 19 (Address) 323 Med. Arts Bldg.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Sept. 30 1933
20 UNDERTAKER	ADDRESS
Henry W. Mearsdon	805 North Calvert St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P 1268-9

E 93986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93986

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens · Caton Ave. St. 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna Harriss

(a) Residence: No. 2408 Frederick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George L Harriss

6. DATE OF BIRTH (month, day, year) Nov 15th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 9/28/33

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME David Deerenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo L Harriss

(Address) 2408 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 2nd 1933

19. UNDERTAKER F. B. Kuhlmann-Lee

(Address) 1300 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933 to Sept 28, 1933

I last saw him alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 8:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pectoris	9/28/33
~~Coronary Occlusion~~	1923?
Hypertension	Apx. 1929
Cardiac failure with edema	"
& Cardiac asthma	?
Chronic nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? PSP & Blood Chemistry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo L Harriss, M. D.

(Address) St Agnes Hospital

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 93987

93987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 30-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 W. Baltimore St. St. 30-01 Ward)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Reahl Sr.

(a) Residence: No. 1934 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (WIFE of) Theresa Reahl.

6. DATE OF BIRTH (month, day, year) August 19, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Reahl.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Aurich.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jerome Reahl. (son)
(Address) 1934 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Catherine Date Sept 30/33

19. UNDERTAKER F. B. Hupfeld & Son
(Address) 1300 Eastern Ave.

20. FILED SEP 29 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the Coronary arteries.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

9/28/33 Address 917 E. Charles St.

Information should be carefully supplied. Note whether it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93988

100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Sickell

(a) Residence: No. 506 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Sickell

6. DATE OF BIRTH (month, day, year) May 18, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Manager Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Volunteers Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Sickell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Easler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Sickell
(Address) 506 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 9/30 1933

19. UNDERTAKER Harry A. Mitchell
(Address) 1101 Edmondson ave

FILED ... 19... Registrar.

P 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933 to Sept 28, 1933

I last saw him alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

Pleural Thrombosis of Internal Saphenous vein ending in an Embolus of right lung.

Date of onset

Other contributory causes of importance:

old varicose ulcer of long standing.

Name of operation Ligation of vein Date of 9-25-33

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) A. J. Conney M. D.

(Address) Volunteers Hospital

P. S. R.—WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 93989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93989

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eula Jane Herrmann

(a) Residence: No. 1714 W. North Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank P. Herrmann

6. DATE OF BIRTH (month, day, year) April 11, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Davis W. Va.

FATHER

13. NAME Lewis G. Yeager

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Susan L. Osborn

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Frank Paul Herrmann

(Address) 1714 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date 9/30, 1933

19. UNDERTAKER Harry H. Mitzke

(Address) 4101 Edmondson Ave

20. FILED ....., 19.....

Registrar.

P 91893

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23d, 1933, to Sept 28th, 1933

I last saw h.. alive on Sept 28th, 1933. Death is said to have occurred on the date stated above, at 2-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (Puerperal)	9-22-33
Other contributory causes of importance: Lobar Pneumonia	9-27-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lamston L. Keown M. D.

(Address) University Hospital

M. D. B. 1258-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 93990

93990

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Williams

(a) Residence: No. Ellicott City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: WIFE of Isaac Williams

6. DATE OF BIRTH (month, day, year): June 15, 1875

7. AGE: Years 58 Months 3 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 9/29/1933

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: Richard Goodman

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Moses Jones.

(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place Ellicott City Date Oct. 2 1933

19. UNDERTAKER: Easton Bros.

(Address) Ellicott City

FILED Oct 2 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1933, to Sept 29, 1933

I last saw her alive on Sept 27, 1933 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9-18-33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James J. Moore, M. D.

(Address) University Hospital Balto. Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 29 1933

M. D. B. 1268-S

E 93991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93991

CERTIFICATE OF DEATH

X V 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James T. Young

(a) Residence: No. Pocomoke City Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Amalia Young

6. DATE OF BIRTH (month, day, year) Oct 8 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocomoke City Md

FATHER

13. NAME James H Young

14. BIRTHPLACE (city or town) (State or country) Worchester Co Md

MOTHER

15. MAIDEN NAME Olevia Stevenson

16. BIRTHPLACE (city or town) (State or country) Worchester Co Md

17. INFORMANT Mrs Ruth Clark

(Address) Pocomoke City Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pocomoke City Md Date Sept 30 1933

19. UNDERTAKER Vernon P Stevenson

(Address) Pocomoke City Md

20. FILED ....., 19.... Registrar.

FEB 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933 to Sept 29, 1933

I last saw him alive on Sept 27, 1933. Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Sclerosis	?
2 Cerebral Hemorrhage	

Other contributory causes of importance:

Carcinoma of Prostate	

Name of operation Prostatic Resection Date of 9-27-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Katzenstein M. D.

(Address) Lifan Hospital

E 93991

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F S 3

M. D. H. 1268-9

E 93992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93992

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2816 c Alvarado Square St. 27-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME c Annie L. Limer

(a) Residence: No. 2816 c Alvarado Square St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Limer

6. DATE OF BIRTH (month, day, year) May 19 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5 6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Anthony Limer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary =

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. F. W. Kothe

(Address) 2816 c Alvarado Square

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Sept 30. 1933

19. UNDERTAKER Philip Stumpf Sons

(Address) 2016 Pitcairn St.

20. FILED ..... 19.... Registrar.

SEP 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 17. 1933 to Sept 28. 1933

I last saw her alive on Sept 27. 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia of Right Side	9th 9th/27
Other contributory causes of importance: Weak Blood Pressure & Acute Cardiac Collapse received	1925

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. C. Garnett M. D.

(Address) 1907 Gaither

Copied

M. D. B. 1268-9

E 93993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 E. Balto St. 76-91 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Herman C. Goldschmidt

(a) Residence: No. 3500 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary T. Goldschmidt

6. DATE OF BIRTH (month, day, year): Jan 23 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Herman C. Goldschmidt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Roselle L. Kendel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary T. Goldschmidt
(Address) 3500 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Cem. Date: Oct 1st 1933

19. UNDERTAKER: Philip Herwig Sons
(Address) 206 Orleans St.

20. FILED ... 19... Registrar.

SEP 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933 to Sept 28 1933

I last saw h[illegible] alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 11:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes several years ago.	
Chronic interstitial nephritis,	
elevation of pressure.	

Other contributory causes of importance:

Name of operation none. Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Allen R. Bantham M. D.

(Address) 3139 E. Baltimore St.

V 5 3

INSTRUCTIONS.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-9-25—A Co—200 Bks.

E 93994

HEALTH DEPARTMENT—CITY OF BALTIMORE

V/86-001 E 93994

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 221 E. Heath St. St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sully E. Sullivan (SULLIVAN)

(a) RESIDENCE NO. 221 E. Heath St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick H. Sullivan

6 DATE OF BIRTH (month, day, and year): Dec. 6 1867

7 AGE: Years: 65 yrs. Months: 9 Days: 21 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: Christian Rehling

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Elizabeth Faenner

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Frederick H. Sullivan

(Address):

SEP 30 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept. 27 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 1933, to Sept 27 1933, that I last saw HER alive on Sept. 27, 1933, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Fall down steps

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Concussion of brain

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Carmichael M. D.

9/29 1933 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Sept 30 1933

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1422 Light

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-30—A. S. Co.—250 Blks

E 93995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93995

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1736 Llewelyn ave. 8-01 WARD)

2-FULL NAME Sarah Hardy.

(a) RESIDENCE NO. 1736 Llewelyn ave or WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gabriel Height

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence Jones

(Address) 1736 Llewelyn ave

Date Received SEP 30 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27-33

17

I HEREBY CERTIFY, That I attended deceased from 7-17- , 1933 , to 9-27- , 1933

That I last saw her alive on 9-26- , 1933

and that death occurred, on the date stated above, at 8,10 A m.

The CAUSE OF DEATH* was as follows:

Valvulitis.

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Nephritis

(Duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M D Cargill M. D.

9-27 1933 (Address) 611 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem DATE OF BURIAL 9-30 1933

20 UNDERTAKER Mrs Jos. S. Locke ADDRESS 1302 Jefferson st

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33996

CERTIFICATE OF DEATH

E 33996

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 W. Lexington St. St., 19-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME Mary Ann Sanks.(C)

(a) Residence: No. 1622 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow.

5a. If married, widowed, or (or) WIFE of John B. Sanks.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	------	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Edith Butler.(C) granddaughter

(Address) 2512 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Date 9/1, 1933

19. UNDERTAKER Samuel G. Hensley

(Address) 528 N. Middle St.

20. Filed ---- 19 ---- Registrar.

EP 301933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ---- 19 ---- to ---- 19 ----

I last saw h alive on ---- 19 ---- Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis. — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ---- 19 ----

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt M. D. Coroner

(Address) 1017 E. Charles St.

8/20/33

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 93997 E 93997 V 119

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Barney St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris June Booker.

(a) Residence: No. 18 N. Barney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 9th 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Leonard Booker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mildred Walters

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Leonard Booker
(Address) 18 N. Barney St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 9/30th 1933

19. UNDERTAKER Bernard C. Harlee
(Address) 1600 S Paca St.

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1933 to Sept 29, 1933

I last saw her alive on Sept 29, 1933 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	9/24/33
Exhaustion	9/24/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. H. Campbell M. D.

9/29/33 (Address) 1644 Hanover St.

N. B.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. THIS IS A LEGAL DOCUMENT. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. information, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

SEP 3

M. D. B. 1268-9

John Beasley

E 93998 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93998

V 51

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Beasley

(a) Residence: No. 1303 W. Fayette St., St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fiza Beasley

6. DATE OF BIRTH (month, day, year) 12/18/1880?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation,

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Dennis Beasley Virginia

MOTHER

15. MAIDEN NAME Liggel ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hosp. record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 9/30 1933

19. UNDERTAKER Rawlings Eaton
(Address) [illegible]

20. FILED SEP 30 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/9 1933 to 9/25 1933

I last saw him alive on 9/24 1933 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of adrenal gland with metastasis to liver.	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy 9/16

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E. P. Bourne M. D.

(Address) Balto City Hosp. Balto Md.

M.D. 3

S.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 93999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 93999

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E 41st St. 9-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Handy K. Price

(a) RESIDENCE NO. 715 E. 41st St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa N. Price

6 DATE OF BIRTH (month, day, and year) Nov. 6-1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9 10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Philip Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Ethel Price

(Address) 715 E. 41st St

15 Filed SEP 30 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29/33.

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1933, to Sept 29, 1933, that I last saw h[illegible] alive on Sept 29, 1933 and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

acute cardiac dilatation — cardio-vascular — Renal —

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema — Hernia —

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual exam.

(Signed) Louis F. Hammen, M. D.

, 19 (Address) 722 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Oct 2 1933

20 UNDERTAKER N. F. Hart & Francke

ADDRESS for Madison Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1218-8

E 94000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94000

V 81

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 E. North Ave 9-61 St., (Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lula Bailey Wine

(a) Residence: No. 706 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Wine.

6. DATE OF BIRTH (month, day, year) Jan. 1, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Dr. John M. Bailey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Nichols

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Miss Linda M. Wine

(Address) 706 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Culpeper Va. Date Oct. 3 1933

19. UNDERTAKER Wm. Wickens Sons

(Address) North & Paines (Huntington Pittsburgh, Pa.

D. FILED SEP 30 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1933. to Sept. 29. 1933

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Spinal Meninges or Arachnoid	1933
Other contributory causes of importance: Bronchopneumonia	9/26/33

Name of operation ... Date of ...

What test confirmed diagnosis? Laboratory tests Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) J. Edmund Gingerich M. D.

(Address) 613 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1933

E 94001

E 94001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Baker St. 16-W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Bond Hollifield

(a) Residence: No. 3032 Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James W. Hollifield

6. DATE OF BIRTH (month, day, year) April 8, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md.

FATHER

13. NAME John Bond

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Childs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Bond

(Address) 3032 Baker St.

18. BURIAL, CREMATION, OR REMOVAL Place Cokeysville Md Date Sept. 30 1933

19. UNDERTAKER Wm Pickup & Sons

(Address) Koppe & Paaves

20. FILED SEP 30 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5th 1933 to Sept 28th 1933

I last saw him alive on Sept 27th 1933 Death is said to have occurred on the date stated above, at 12.15 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Renal Disease — Date of onset Several years

Other contributory causes of importance:

Uraemia —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. Beverly M. D.

(Address) 304 Woodbourne Ave

Form 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94002

E 94002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-002

1. PLACE OF DEATH Sinai Hosp — 15-01 Ward) — Registered No. ____

CITY OF BALTIMORE: (No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Mary Gosnell

(a) Residence. No. 2904 Reisterstown Rd Ward. ____ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Charles W. E. Gosnell

6. DATE OF BIRTH (month, day, year) Aug. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60	1 ?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Mt. Airy (State or country) Md.

FATHER

13. NAME Unknown Kimmel

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. [illegible] Hardt

(Address) 1210 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Airy Md Date Oct. 1. 1933

19. UNDERTAKER Gus L. Geyer Jr.

(Address) 1512 Hollins St.

20. FILED SEP 30 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1933 to 9-29 1933

last saw h[illegible] alive on 9-29 1933 Death is said to have occurred on the date stated above, at 1P [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	9/27/33
Other contributory causes of Importance:	
arteriosclerosis	

Name of operation Exploratory-Release of adhesions Date of 9/28/33

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Hector B. Cusa M. D.

(Address) 2904 Reisterstown Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94003 — 13 E 94003 — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH President Hospital

CITY OF BALTIMORE: (No. 1514 Division St., 18-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Tinsley

(a) Residence: No. 545 N. Carrollton Ave., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of George Tinsley

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lancaster Virginia

FATHER

13. NAME Asbury Hornsby

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elveta Campbell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT George Tinsley

(Address) 545 N Carrollton ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date Sept 30 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pres. st.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-24 1933 to 9-27 1933

I last saw her alive on 9-27 1933. Death is said to have occurred on the date stated above, at 4 06 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Renal Disease	
Diabetes	
Uremia	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. T. Jarvis M. D.

(Address) President Hospital

V. S. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94004

CERTIFICATE OF DEATH

V175 E 94004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1424 Madison Ave (St.) Pk 81 (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lucy Imogene Williams

(a) Residence: No. 1424 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fml
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1910 Oct 13

7. AGE: Years 23 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Reedville Va

FATHER

13. NAME: Henry Wilbaim
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary E. Kinnyon
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Paul W. Williams
(Address): 1822 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place: Sunny Bank, Va Date: Sept 30, 1933

19. UNDERTAKER: Thomas E. Kelson
(Address): 1303 Pressman St

Huntington, Virginia, R.D.

20. FILED: SEP 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Homicide
Strangulation Was
Choked to death
while asleep

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Funk Coroner, M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. Fractional parts of a day, year or state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94005

CERTIFICATE OF DEATH

E 94005

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 14-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Ford

(a) Residence: No. 2227 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 ?				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jessie ? Boyer

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Sept 30 19 33

19. UNDERTAKER Thomas E Kelson (Address) 1303 Pressman St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1933 to Sept 25 1933

I last saw h.. alive on Sept 25 1933 Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, left	
& hemiplegia, right.	1 wk
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) I P Magill M. D.

(Address) Balt. City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94006

CERTIFICATE OF DEATH

107-001

E 94006

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St. (25-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Lee Williams

(a) Residence: No. 3656 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 6/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Bessie Hildebrant

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bessie Williams
(Address) 3656 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date 9/30 19 33

19. UNDERTAKER Fred. A. Kraucher & Son
(Address) 703 Hanover St

SEP 30 1933

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 29/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner ... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94007 E 94007

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 23 ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victoria Talbot

(a) Residence: No. 902 Plum Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 4, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Sept 30, 1933

19. UNDERTAKER Dennis Eagan
(Address) 916 Pa Ave.

SEP 30 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to Sept. 25, 1933

I last saw her alive on Sept. 25, 1933 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1933
Other contributory causes of importance:	
Tuberculous meningitis	Sept. 15, 1933

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94008

CERTIFICATE OF DEATH

E 94008

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1424 Madison Ave. (St.) 14-21 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leaton Payne.

(a) Residence: No. 1424 Madison Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year) Va

11. Total time (years) spent in this occupation. Va

12. BIRTHPLACE (city or town) (State or country) West Payne Va

FATHER

13. NAME Louis Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records found in home (Address) 1424 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Fredericksburg Va Date Sept 30, 1933

19. UNDERTAKER Mrs Katie R. Williams (Address) 22 N. Schroeder St. Huntington W. Va.

20. FILED SEP 30 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on Sept 27 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Suicide. Asphyxia. Illuminating Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Sept 27 19 33

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Funk Coroner, M. D.

(Address)

Exact statement of information should be carefully supplied. Note that it may be properly classified. state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 E 94009

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Edna McGuire

(a) Residence: No. 4714 Hamperth Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 11, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Charles McGuire

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte Bowers

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Chas. McGuire

(Address) 4714 Hamperth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 30 1933

19. UNDERTAKER J. B. Rust & Bro

(Address) 532 Harford Rd

20. FILED SEP 30 1933 Hunter Wise Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933 to Sept 27, 1933

I last saw her alive on Sept 25, 1933 Death is said to have occurred on the date stated above, at 6.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Simple Encephalitis	Sept 25

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry A. Bowers M. D.

(Address) Lyndenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 94010 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94010

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Franklin St. 18-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Wells

(a) Residence: No. 818 Franklin St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, ~~widowed~~, or ~~divorced~~
~~RUBRATED~~ or
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME John Brown
14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Eliza Brown
16. BIRTHPLACE (city or town) (State or country) In Md.

17. INFORMANT Mary Coates
(Address) 818 N Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 30 1933

19. UNDERTAKER E. Pilson
(Address) 510 Pennsylvania Ave

20. FILED SEP 30 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9. 1933 to Sept 26. 1933

I last saw Eliza alive on Sept 26. 1933 Death is said to have occurred on the date stated above, at 8 05 P.M.

The principal cause of death and related causes of importance were as follows:

Valvular disease Heart — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank E Hearne M. D.

(Address) 627 Lexington

Information should be carefully supplied. Note: Space should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

SEP 30 1933

M. D. B. 1968-B E 94011

E 94011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

Registered No. 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abel Norris

(a) Residence: No. California, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Marys Co Md

FATHER

13. NAME: Abell Norris

14. BIRTHPLACE (city or town) (State or country): St Marys Co Md

MOTHER

15. MAIDEN NAME: Miss Fotterall

16. BIRTHPLACE (city or town) (State or country): St Marys Co Md

17. INFORMANT (Address): Mrs. C. C. Mattingly St Georges Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sobernigon Date Oct-7th 1933

19. UNDERTAKER (Address): H. C. Mattingly Leonardtown Md

20. FILED OCT 9 1933 19 Huntington W. Lewis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1933 to 9-30, 1933

I last saw h.im alive on 9-30, 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hypertension	8-15-33
for Uremia	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. M. Rose M. D.

(Address) Franklin Square Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9 E 94012

E 94012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-002

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) St., 11-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr John Godfrey Baker

(a) Residence: No. Rutter House Ave St., Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	white	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Helen L Baker

6. DATE OF BIRTH (month, day, year) Dec 20 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John G. Baker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lucy Hammond

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs A. Smith (Daughter)

(Address) Rutterhouse Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Second Presb Date 10/3 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED OCT 1 1933 Notary for Williams Nott

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1933 to 9-30 1933

I last saw h[illegible] alive on 9-30 1933 Death is said to have occurred on the date stated above, at 5:4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung pneumonia hypostatic	

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? (Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Md Gen Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94013

E 94013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 90-91 St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Ann Jordan

(a) Residence: No. 510 Dennison St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 16, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Margaret Harris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Margaret Jordan
(Address) 510 Dennison St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 10/2, 1933

19. UNDERTAKER J. M. Cook
(Address) 1219 E. Fond St

20. FILED OCT 1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1933 to Sept 29, 1933

I last saw her alive on Sept 29, 1933. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Simple Encephalitis	Sept 28

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Myron G. Full M. D.

(Address) Sydenham Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94014

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 8 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Keen

(a) Residence: No. 952 N. Patterson Pk Ave St., ... Ward. 15

(Usual place of abode) (If non-resident give city or town and State) X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed,~~ or divorced HUSBAND (~~or WIFE~~) of Minnie Keen

6. DATE OF BIRTH (month, day, year) Mar 18th 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davidson Transfer Co

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME George A Keen

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Alice V. Stevens

16. BIRTHPLACE (city or town) Harford Co (State or country) Md

17. INFORMANT Alice Keen

(Address) 952 N Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Pikesville National Date 10/2/1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 1 1933, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1933, to September 29, 1933

I last saw him alive on September 29, 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo-nephritis (Arsenical)	9-1-33
Other contributory causes of importance: Acute Nephritis	9-22-33

Name of operation ..... Date of .....

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Milford H Breeden M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9 E 94015

27713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94015

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 2 7 - 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maria W Willard

(a) Residence: No. 206 Goodwood Gardens St., Ward. Roland Park

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-8-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Daniel Willard

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mary Daniels

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Cremation

Place London Park Date Oct 2nd, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ....., 19..... Registrar.

OCT 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept - 26, 1933 to Sept 30, 1933

I last saw her alive on Sept 30, 1933 Death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	August 1933
Other contributory causes of importance:	
None	

Name of operation Left Fronto Tomy Date of 9-27-33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul G. Kunkel M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. B. 1268-9 E 94016 ✓ E 94016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

276847

154 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Robinson

(a) Residence: No. 1035 Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-13-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant pd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alfred Robinson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME (3) Halland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. McCollum Date Sept 30, 1933

19. UNDERTAKER
(Address)

20. FILED OCT 1 1933, 19.... Registrar.

0885 Pyl

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Sept 22, 1933
I last saw her alive on Sept 22, 1933 Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows: prematurity — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John H. Waugh, Jr. M. D.

(Address) Johns Hopkins

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible] E 94017 ✓ E 94017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 E. Preston St., E. 4-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas Schmidt

(a) Residence: No. 1632 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Lunch & Delicatessen Stand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belair Market

10. Date deceased last worked at this occupation (month and year) ... Duration (Years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Reis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Schmidt (Bro) (Address) 504 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Oct 2. 1933

19. UNDERTAKER Lutz Funeral Home
(Address) 1239 W. Lexington St

20. FILED OCT 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 29/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the ... between midnight & 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	Sep 29

Other contributory causes of importance:

Cerebral Sclerosis-etc	??????
Cerebral Hemorrhage	Apr/33

Name of operation ... Date of ...

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... , 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 1-08 6 Nor[illegible]

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250R

E 94018 ✓ E 94018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 W. Lexington St. Ward)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Weltner

(a) Residence: No. 1818 W. Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Christine Weltner

6. DATE OF BIRTH (month, day, year) Feb 9 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME George Weltner
14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Weltner
(Address) 1818 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct 2, 1933

19. UNDERTAKER Fos Foesdens & Son
(Address) 1217 S. Sara St.

20. FILED OCT 4 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from February, 1933, to Sept 30, 1933

I last saw h[illegible] alive on Sept 29, 1933. Death is said to have occurred on the date stated above, at 12.1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic interstitial	Not known
Other contributory causes of importance: Nephritis acute	9/22/33.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) 8 E. Eutaw, Lead. 0.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 124-M

E 94019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94019

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 77-01 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Abraham Seligman

(a) Residence: No. 2210 Ken Oak Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche R. Seligman

6. DATE OF BIRTH (month, day, year) May 26, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Seligman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Carrie Hollaender

16. BIRTHPLACE (city or town) (State or country) Roseph Va.

17. INFORMANT Mrs. B R Seligman

(Address) 2210 Ken Oak Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date Oct. 1 . 193

19. UNDERTAKER Shrid - Goodman & Son

(Address) 1912 Eutaw Place

20. FILED ... 19... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 . 1933 to Sept 29 . 1933 I last saw him alive on Sept 29 . 1933. Death is said to have occurred on the date stated above, at 8.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sept 23
Type undetermined.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Henry B Makover M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1266 E 94020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94020

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hos. St. 3-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Feliks Majchrzak

(a) Residence: No. 1518 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Lillian Majchrzak.

6. DATE OF BIRTH (month, day, year) March 15. 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confection

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Majchrzak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marcianna Karpinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Lillian Majchrzak.
(Address) 1518 E Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross. Date Oct 2. 1933

19. UNDERTAKER Fr. Bazanski
(Address) 1250 E Baltimore Ave

20. FILED Oct 3 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 7.10 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Angina Pectorius	???

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Report Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. [illegible] M. D.
Coroner

(Address) 108 E [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94021

M. D. B. 126 E 94021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 7-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 5 ds.

2. FULL NAME Baby George Gee No 9

(a) Residence: No. 2278 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Chinese	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 9-25-33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Franklin Sq. Hospital

FATHER

13. NAME Mon Toon Hop

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Hon Shee

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Eng Mun Fong - (Father)
(Address) 2278 E Monument

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 2 1933

19. UNDERTAKER Sherwood Memorial Co.
(Address) 1220 N Howard Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-25-33, 19..., to 9-30 RM, 1933
I last saw him alive on 9-30, 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
possibly	
following forceps Extraction	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. Grove M. D.

(Address) Franklin Square Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94022 ✓ E 94022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3906 Tait ave St., 26-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Hubert

(a) Residence: No. 3906 Tait ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late adam Hubert

6. DATE OF BIRTH (month, day, year) June 9th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Hock.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Richardt
(Address) 3311 Tait ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Oct. 2nd 193

19. UNDERTAKER Lilly + Zeiler Inc.
(Address) 703 So. Howard St

20. FILED. Huntington Williams Dept.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28th 193

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 193 33 to Sept. 28 33
I last saw her alive on Sept. 27 193 33 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:
Hemiplegia
Uremia

Name of operation None Date of .....
What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T. Joseph Tenbey M. D.
(Address) for J. Edmondson

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A E 94023 ✓ E 94023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 8-01 Ward)

Length of residence in city or town where death occurred ..yrs. 3 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Schmaizgs

(a) Residence: No. 3304 Chesterfield Ave. ~~st.~~, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		2	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Schmaizgs

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Boehmdale

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Schmaizgs Mother
(Address) 3304 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Heart Date Oct 2 1933

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 603 N. Eutaw St.

20. FILED OCT 1 1933 19.. Registrar. Washington ND

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1933 to Sept. 29, 1933
I last saw him alive on Sept. 29, 1933. Death is said to have occurred on the date stated above, at 1150 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alimentary intoxication with severe vomiting, diarrhea, and dehydration	
Other contributory causes of importance: Sub-acute broncho-pneumonia Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lauriston L. Scow M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. E 94024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5730 Pimlico Rd St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? 22 yrs. mos. ds.

2. FULL NAME Ida Borah

(a) Residence: No. 5730 Pimlico Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Levin
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rest Carmel Date 10-1-33 19

19. UNDERTAKER Jos. Lewis Inc (Address) 1439 E. Baltimore St

20. FILED OCT 1 1933 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-33 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1933 to Sept 29 1933

I last saw h[illegible] alive on Sept 29 1933 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9/27/33

Other contributory causes of importance:

Myocardial Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 1576 N [illegible]

M 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 94025 ✓ E 94025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Whitelock St. 13 Ward)

Length of residence in city or town where death occurred 23 mos. ds. How long in U. S. If of foreign birth? 76 mos. ds.

2. FULL NAME Rachael Folger

(a) Residence: No. 2206 Whitelock St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 76 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Magolis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT L. Folger
(Address) Same.

18. BURIAL, CREMATION, OR REMOVAL
Place Levi Wash Rel Cem Date 10-1-33 19

19. UNDERTAKER Grant Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED OCT 1 1933 Huntington Williams Inc. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1933 to Aug 29, 19

I last saw h.er alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 7 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis & Myocarditis	2 years
Other contributory causes of importance:	
Acute eczema	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Fineman M. D.

(Address) Temple Gardens Apt

Oct 31

V. S. 3 (state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1960 E 94026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94026

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-61 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Nathanson

(a) Residence: No. 806 Reservoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Nathanson (Son)
(Address) 806 Reservoir St

18. BURIAL, CREMATION, OR REMOVAL
Place Levinson Date 10-1-33, 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1459 E. Baltimore St.
Huntington Woodcrest, N.Y.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 30/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6 hrs

Other contributory causes of importance:

Syphilis	?
Arteriosclerosis	
Chr Myocarditis	?

Name of operation Date of

What test confirmed diagnosis? Hosp Records Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.
(Address) 508 E North Ave

M. D. B. 1268-A E 94027

✓ E 94027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 O'Donnell St. 01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brigid Della Thornton

(a) Residence: No. 3040 O'Donnell St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Nov 1, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Own

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Patrick Thornton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Donohue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Zelma Thornton
(Address) 3040 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 2, 1933

19. UNDERTAKER John A. Swan
(Address) 1000 E. Baltimore St.

20. FILED Oct 1 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1933 to Sept 29 1933.

I last saw her alive on Sept 29 1933. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 27
Other contributory causes of importance: Chr Nephritis	?

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nathan J. Davidow, M. D.

(Address) 3228 Eastern Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS. 3

M. D. B. 1268-4 E 94028 ✓ E 94028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 27-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Haedeke

(a) Residence: No. 2923 Overland Ave St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 1, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Haedeke.

14. BIRTHPLACE (city or town) (State or country) Bavaria, Austria

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Elsie G Orth Daughter

(Address) 2923 Overland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Oct 2nd 1933

19. UNDERTAKER Geo C Zellinger Sons

(Address) Huntingdon Williamsport Pa

20. FILED OCT 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 29 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1933 to 9-29 1933

I last saw him alive on 9-29 1933 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

Diverticula of bladder — Date of onset .....
Benign prostatic hypertrophy .....

Other contributory causes of importance:

acute and chronic cystitis .....
chronic pyelonephritis & pyonephritis .....
arteriosclerosis .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also (the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.

(Address) Md Gen Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

AaCo. 5-31 2MB E 94029 ✓ E 94029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Carey St. 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37+ yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse Ireland

(a) Residence: No. 909 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Maggie J. Ireland

6. DATE OF BIRTH (month, day, year) March 10 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Oct 1932

11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) (State or country) West River Md

FATHER

13. NAME Nelson Ireland

14. BIRTHPLACE (city or town) (State or country) West River

MOTHER

15. MAIDEN NAME Matilda Simms.

16. BIRTHPLACE (city or town) (State or country) West River

17. INFORMANT Maggie J Ireland
(Address) 909 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/1/1933

19. UNDERTAKER Mrs. George E. Kellam
(Address) 1631 Druid Hill Ave

20. FILED OCT 1 1933 (Registrar) Huntington Avenue Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933 to Sept 28, 1933
I last saw him alive on Sept 27, 1933 death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Oct 1932
Arterio-Sclerosis - et Nephritis	14yrs

Other contributory causes of importance:

Name of operation None Thyroid Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Williams H Voight M. D.

(Address) 1209 Presstman St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

E 94030 Devin E 94030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 1201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 E. 22 St., 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. C. Devin

(a) Residence: No. 200 E. 22 st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Deven

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Heathen Kavanaugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Mustagh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ann Mustagh
(Address) 210 - E. 22 st

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem Date Oct 2, 1933

19. UNDERTAKER Wm. Walsh
(Address) 921 E 22nd St

20. FILED Oct 1 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

G. B. S. Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Mengert, M. D.
Coroner

(Address) 3632 Roland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31-2500B E 94031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94031

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Pelham ave St., 8-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Cecelia ann Soffler

(a) Residence: No. 2825 Pelham ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Soffler

6. DATE OF BIRTH (month, day, year) March 23 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	6	3 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Woerner

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Mrs Friedel

(Address) 3037 Kentucky ave

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Date Oct 2 1933

19. UNDERTAKER Wm J Storck & Son

(Address) 3001 Kentucky ave

20. FILED ..... 19.. Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1933 to Sept 27th, 1933

I last saw h.e alive on Sept 27th 1933 death is said to have occurred on the date stated above, at 2.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Uncertain
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Tanker, M. D.

(Address) 1197 N. Mullowney

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REC'D OCT 30

M. D. F 1268-9

E 94032

E 94038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 Ellamore Ave. St., 43-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary R. Edelman

(a) Residence: No. 2537 E. Eldorado St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): child

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~~

6. DATE OF BIRTH (month, day, year): Nov. 7 - 1930

7. AGE: Years 3 (2) | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed

10. Date deceased last worked at this occupation (month and year): Unk

11. Total time (years) spent in this occupation: ~~~

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Louis M. Edelman

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary A. Snyder

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Louis M. Edelman 2537 E. Eldorado

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem. Date Oct 2 1933

19. UNDERTAKER (Address): Leonard Hufford 6305 Belair Rd.

20. FILED OCT 2 1933 Arlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1933 to Oct 1, 1933. I last saw h[illegible] alive on Oct 1, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 27 1933

Other contributory causes of importance:

Chronic Cardiac Insufficiency	Oct 1 33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Joseph R. M. D.

(Address) 501 N. Kenwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94033 ✓13/E 94033

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Broordun Work St. 18-W Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Young

(a) Residence: No. 1826 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20 1887

7. AGE Years 46 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 040

10. Date deceased last worked at this occupation (month and year) Sept 30

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Young

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Fletcher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT 1826 W Franklin
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 4 1933

19. UNDERTAKER James A Sayer & Sons
(Address) 1642 Pennsylvania Ave

20. FILED Oct 7 1933 Justice Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 to Sept 30 19 33

I last saw h alive on Sept 29 Death is said to have occurred on the date stated above, at 1 30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy and Myocarditis	2 months

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leland Bowers, M. D. Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34034

34034

CERTIFICATE OF DEATH

v 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Arlington Ave. or 22-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Lloyd

(a) Residence: No. 708 Thaps St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F Lloyd

6. DATE OF BIRTH (month, day, year) [illegible] 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amman Co Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Leah Chandler

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Geo. F Lloyd 708 Thaps St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Date Oct 3, 1933

19. UNDERTAKER (Address) James A Hayes 142 Monell St

20. FILED OCT 2 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to 9/28, 1933

I last saw h[illegible] alive on Sept 28, 1933. Death is said to have occurred on the date stated above, at 6:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	not determined

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. F. Lamond M. D.

(Address) 112 W. Preston St

information should be carefully supplied. AGE should be stated EXACTLY. Prefixing ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94035 E 94035

CERTIFICATE OF DEATH

v 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Sterling St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Howard

(a) Residence: No. 816 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed.

5a. If married, widowed, or divorced (or) WIFE of John H Howard.

6. DATE OF BIRTH (month, day, year) Exact date of Birth Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Columbus Hubbard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mollie Chipple (Address) 816 Sterling St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Oct 2nd 33

19. UNDERTAKER Mrs Ida Snowden (Address) 1129 N. Caroline

20. FILED Oct 2 1933 Registrar. Ethel Hollowell, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933 to Sept 29, 1933

I last saw h[illegible] alive on Sept 28, 1933. Death is said to have occurred on the date stated above, at 10 to 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sept 28, 1933
Other contributory causes of importance: Myocarditis and Bronchitis	Sept 15, 1933

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. Young M. D.

(Address) 1424 E Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 1 2 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94036

E 94036

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 Columbia ave, 22-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph I. Goldstein

(a) Residence: No. 653 Columbia ave St., Ward. Washington Blvd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Mollie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Edward Goldstein

(Address) 653 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Date Oct 2, 1933

19. UNDERTAKER Levinson Bros

(Address) 1122 E. Baltimore St.

20. FILED OCT 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1933, to October 1, 1933.

I last saw him alive on Oct 1, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis	1931
Chronic myocarditis	1931
Pulmonary Congestion & Edema	9-30-33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton L. Solomon, M. D.

(Address) 117 S. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94037

CERTIFICATE OF DEATH

E 94037

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 12-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Fisher

(a) Residence: No. 2655 Bernard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Fisher

6. DATE OF BIRTH (month, day, year) Sept. 16, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date 10/3 1933

19. UNDERTAKER Wm Cook (Address) 1317 E Fayette St

FILED OCT 2 1933 Hampton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1933 to Sept 30 1933

I last saw him alive on Sept 30 1933 Death is said to have occurred on the date stated above, at 4 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary	?
Aneurysm of aorta	?
Other contributory causes of importance:	
Atelectasis of lung, Left	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

12.16

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94038

CERTIFICATE OF DEATH

E 94038

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3037 Spaulding St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David F. Boyd

(a) Residence: No. 3037 Spaulding St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia E. McCune

6. DATE OF BIRTH (month, day, year) Sept 6 1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77.		23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R R. + E Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co (State or country) Md

FATHER

13. NAME David Boyd

14. BIRTHPLACE (city or town) Harford Co (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Ann Campbell

16. BIRTHPLACE (city or town) Harford Co (State or country) Md

17. INFORMANT Mrs. Lydia Boyd

(Address) 3037 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Bird Jesus Harford Co Md Date Oct 2 . 1933

19. UNDERTAKER H. Rue Q. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED OCT 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Sept 29, 1933~~ Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 . 1933 to Sept 29 . 1933

I last saw him alive on Sept 29. 1933 Death is said to have occurred on the date stated above, at 11:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Arteriosclerosis	2
Hypostatic Pneumonia	2 yrs
Cerebral Hemorrhage	9 yrs
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? hm Was there an autopsy? hm

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Herbert Knapp M. D.

(Address) 1716 E. Pratt St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94039

CERTIFICATE OF DEATH

v 46 E 94039

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3430 University Place St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Hartman Mettee

(a) Residence: No. 3430 University Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene E. Gifford

6. DATE OF BIRTH (month, day, year) Nov. 17.1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty. at law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. librarian 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mezick C. Mettee

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen E. Gardner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Irene E. Mettee

(Address) 3430 University Place

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Oct 3 1933

19. UNDERTAKER Lehr & Fletcher Inc

(Address) 1900 Eutaw Place

20. FILED ..... 19..... .....
registrar.

OCT 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to Sept 30 1933

I last saw ... alive on Sept 30 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Aug 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H N Pease M. D.

(Address) 2105 N. Charles St.

INSTRUCTIONS should be carefully followed. All items must be answered. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94040 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94040

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Elizabethan Apartments St., 15-el Ward)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Shaffer

(a) Residence: No. Garrison & Bateman Aves St., Elizabethan Aparts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie B. Skinner

6. DATE OF BIRTH (month, day, year) Sept. 3. 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Shaffer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Bessie Shaffer

(Address) Garrison & Bateman Aves.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery, Oct. 2, 1933

19. UNDERTAKER John C. Whitehurst & Sons

(Address) 1900 Eutaw Place

20. FILED OCT 2 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933, to Sept 30, 1933

I last saw him alive on Sept 30/33 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	about Sept 22/33

Other contributory causes of importance:

arterio-sclerosis	?
Hypertension	?
myocarditis	about 2 wks

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Dunbar M. D.

(Address) 2220 Garrison Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 94041 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94041

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Bantley J. Halloran

(a) Residence: No. 1414 North Bethel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Minnie Halloran

6. DATE OF BIRTH (month, day, year) May 16 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Timothy Halloran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Gill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Minnie Halloran
(Address) 1414 N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mur Cathedral Date Oct. 4 19 33

19. UNDERTAKER Henry Hoed(?) Sons, Inc
(Address) 1301 E. Eager St

20. FILED Oct 4 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1933 to October 1, 1933
I last saw him alive on October 1, 1933 death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cirrhosis of liver - (portal) ?	
Ascites	
2. Arteriosclerosis ? yes	
3. Chronic myocarditis	
Other contributory causes of importance:	
1) Cardiac decompensation	
2) Chr. pneumonitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) S. M. Wagenmaker, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94042

CERTIFICATE OF DEATH

V 67 E 94042

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S. Eaton St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis M. Crusse

(a) Residence: No. 223 S. Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25- 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis M. Crusse

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME anna Greska

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Francis M. Crusse

(Address) 223 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem Date Oct 2 1933

19. UNDERTAKER George W. Finkler

(Address) 1737 E Eager St

20. FILED ... 19... Registrar.

2 1933 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/25/33, 19... to 10/1, 19 33

I last saw h— alive on 9/26 19 33 Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	
Other contributory causes of importance:	

Name of operation No Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 633-5 Cookling

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

E 94043

REGISTERED NO. E 94043

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 611 Gold ST. 15-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence Fleet

(a) RESIDENCE NO. 611 Gold ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucinda Fleet.

6 DATE OF BIRTH (month, day, and year): 1879.

7 AGE: Years 54 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. 40

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer.

(c) Name of employer: Tom Townsend Northumberland

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Clarence Fleet Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Scott Fraser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Jessie Harrod

(Address) 611 Gold St.

15 Filed OCT 2 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29th 33

17 I HEREBY CERTIFY, That I attended deceased from Sept 27th 33 to Sept 29th 33

that I last saw h. alive on Sept 29th 33

and that death occurred, on the date stated above, at 5-30 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exposure (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible] M. D.

. 19 (Address) 522 Northumberland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northumberland Co Va

DATE OF BURIAL: Oct 2 1933

20 UNDERTAKER: Thomas E. Kelsey

ADDRESS: 1303 Pennsylvania Ave

important. See instructions on back of certificates.

M. D. H. 1268-9

E 94044 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94044

CERTIFICATE OF DEATH

✓ 97-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 16 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Bronislaw Miodunszewski

(a) Residence: No. 2800 W. Fredman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Miodunszewska

6. DATE OF BIRTH (month, day, year) Oct 3-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) //

MOTHER

15. MAIDEN NAME //

16. BIRTHPLACE (city or town) (State or country) //

17. INFORMANT Josephine Miodunszewska

(Address) 2800 W. Fredman St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct. 3 1933

19. UNDERTAKER William Fiallowski

(Address) 1618 Eastern Ave

20. FILED OCT 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

94045

CERTIFICATE OF DEATH

159 E 94045

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 25-64 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. life ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Ronald Backman

(a) Residence: No. St. Joseph's Hospital St., Ward. Childrens
(Usual place of abode) 3731 Williams ave (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred L. Backman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Edna Bricker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Fred L. Backman
(Address) 3731 Williams ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 2 1933

19. UNDERTAKER Frederick Myers
(Address) 1200 W Lombard st.

OCT 2 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933 to Oct 1, 1933

I last saw h.i.m. alive on Oct 1, 1933 death is said to have occurred on the date stated above, at 2:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	July 1933
Malnutrition	

Other contributory causes of importance

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. M. Wagenella, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 0-39 — 250 Bks

E 94046

E 94046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1906 (Street) Chelsea Road (Ward) 15-01

2. FULL NAME Henry Paddington Startzman

(a) RESIDENCE NO. 1906 (Street) Chelsea Road (Ward) .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? 62 yrs. 7 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Anna L. Startzman

6 DATE OF BIRTH (month, day, and year): Feb 24 1871

7 AGE — Years: 62 — Months: 7 — Days: 7 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Isaac H Startzman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Caroline Paddington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mrs Anna L. Startzman
(Address): 1906 Chelsea Road

15 Filed OCT 2 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1st 1933

17

I HEREBY CERTIFY, That I attended deceased from June 1st, 1933, to Oct 1st, 1933

that I last saw him alive on Oct 1st, 1933

and that death occurred, on the date stated above, at 12 00 PM

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 1 2 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis Hypertension.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. H. Chatard M. D.

Oct 1st 1933 (Address) 308 W Saint St. Baltimore Md

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Oct 3 1933

20 UNDERTAKER: Stewart Morris — ADDRESS: 108 W Mt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94047

E 94047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 139-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 76-81 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clementine Barnes

(a) Residence: No. 616 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Barnes

6. DATE OF BIRTH (month, day, year) Oct 18, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Palmer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Augusta Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT William Barnes
(Address) 616 Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Oct. 2, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED [illegible] 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1933, to 9-29, 1933

I last saw her alive on 9-28, 1933. Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left tubo ovarian abscess	
Chronic appendicitis	
Hypertension	

Other contributory causes of importance:

Had operation shock

Name of operation Salpingectomy & appendectomy Date of 9-27-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
not If so, specify

(Signed) [illegible] M. D.

(Address) Franklin Square Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94048

CERTIFICATE OF DEATH

93-003

Registered No. E 94048

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Baltimore City Hosp St. 12-01 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Payne

(a) Residence: No. 3110 Brentwood Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Forman Payne (Dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Nancy Jones

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem date 10/2 1933

19. UNDERTAKER Samuel T. Henry (Address) 578 N. Biddle St

DEC 2 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to Sept 29 1933

Last saw her alive on Sept 29 1933 Death is said to have occurred on the date stated above, at 150 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	?
Congestive failure	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magruder M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. D. B. E 94049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94049

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 949 Homestaed St St., 9-01 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard B. Sparks

(a) Residence: No. 949 Homestead St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Regina

6. DATE OF BIRTH (month, day, year) Aug 9.1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F.&GG Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas, Md.

FATHER

13. NAME Edward Sparks

14. BIRTHPLACE (city or town) (State or country) Parkton, Md.

MOTHER

15. MAIDEN NAME Elizabeth Clark

16. BIRTHPLACE (city or town) (State or country) Texas, Md.

17. INFORMANT Regina Sparks
(Address) 949 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 3. 1933

19. UNDERTAKER Richard J. Curley
(Address) 710 E North Ave

FILED OCT 2 1933 19 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 30/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocarditis	???

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Hall Coroner, M. D.

(Address) 508 E Fayette

E 94050 Spicker E 94050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Woodbine Ave. St. 25-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Spicker

(a) Residence: No. 3603 Woodbine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John N. Spicker

6. DATE OF BIRTH (month, day, year) Nov 16 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. Hotter.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Harry H. Lucas.
(Address) 3603 Woodbine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 2 - 1933.

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED OCT 7 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932 to Sept 29, 1933

I last saw h[illegible] alive on Sept 29 1933 death is said to have occurred on the date stated above, at 1.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest N. Rehn, M. D.

(Address) 3005 W. Mt. Royal Ave

Information should be carefully supplied. ANS. should be typed or printed. PENCIL MUST NOT BE USED. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94051

E 94051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Jefferson St. 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna L. Brauer

(a) Residence: No. 2811 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Brauer

6. DATE OF BIRTH (month, day, year) Dec. 25th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George H. Haesmen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John F. Brauer

(Address) 2811 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Oct 3rd 1933

19. UNDERTAKER Walter Schlosman

(Address) Alexandria Va.

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 33 to Sept 29 33

I last saw h... alive on Sept 29 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Left Side

Date of Onset 7/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William J. Roanoke M. D.

(Address) 801 E. Kennedy Ave.

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94052

CERTIFICATE OF DEATH

97-E-01 94052

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere Hotel 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Schloss

(a) Residence: No. Belvedere Hotel Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 27 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg Cpr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Moses Schloss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Yetta Rosenstock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. Schloss

(Address) Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Cem. Date Oct. 3 1933

19. UNDERTAKER Baird Sondheim & Son

(Address) 1262 Eutaw Place

20. FILED OCT 2 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jul 1 1932 to Oct 1 1933

I last saw him alive on Oct 1 1933 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with Mitral Insufficiency	July 1932

Other contributory causes of importance:

Acute dilatation

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedenwald M. D.

(Address) 1013 N. Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94053

E 94053

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie St John

(a) Residence: No. 535 Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emmet

6. DATE OF BIRTH (month, day, year): May 25 1900

7. AGE: Years 33 | Months 4 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): Phila Pa

FATHER

13. NAME: Chas Henry

14. BIRTHPLACE (city or town) (State or country): Phila Pa

MOTHER

15. MAIDEN NAME: Lottie Myles

16. BIRTHPLACE (city or town) (State or country): Phila Pa

17. INFORMANT: Estate of Lillie St John

(Address) 535 Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Date Oct 2 . 1933

19. UNDERTAKER: Joseph A Lividz

(Address) 407 N. Mount St

20. FILED OCT 2 1933 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset

Sudden

Other contributory causes of importance:

over

Name of operation: Regular — Date of: 0

What test confirmed diagnosis: — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Leuk Coroner . M. D.

(Address)

Information called for on this certificate is required by law (Ordinances 1259, approved May 31, 1915, and 1260, approved June 1, 1915). Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94054

E 94054

CERTIFICATE OF DEATH

Registered No. 93-203

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St 24 ward (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Thomasson

(a) Residence: No. 1418 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hull (Divorced)

6. DATE OF BIRTH (month, day, year) Jan. 19, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Colley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends

(Address) Back City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Oct 2 - 1933

19. UNDERTAKER Wendell & Dippel

(Address) 300 S Eden St.

20. FILED Oct 2 1933 Huntington Hillcott, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933 to Sept 29, 1933

I last saw her alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic ? Congestive Failure	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Magruder M. D.

(Address) Back City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(6-3)

M. D. P. 1268 E 94055

E 94055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bello city Hospital Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John ~~D.~~ Baltis

(a) Residence: No. 1826 Dom St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced—HUSBAND of (or) WIFE of Lyons

6. DATE OF BIRTH (month, day, year) 4/15/57

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Nicholas Baltis

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Ogus

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Sept 30 1933

19. UNDERTAKER John C. Miller

(Address) 1245 Edmondson Ave

20. FILED SEP 2 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/14 1933 to 9/28 1933

I last saw him alive on 9/28 1933 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic hypertrophy	3 mo.
Uremia	10 days
Senility	

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) E. R. Borsen M. D.

(Address) Bello City Hosp Bello Md

Form 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-C E 94056 ✓ E 94056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Hurley

(a) Residence: No. 521 S. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hurley

6. DATE OF BIRTH (month, day, year) Aug-25-[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Major Marshall.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lacey ?

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Geneva Smith (daughter)
(Address) 521 S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Love Point Md. Date Oct 3 19 33

19. UNDERTAKER John C. Miller
(Address) 1435 E. Edmondson

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 1 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-28-33 19 to 10 - 1 1933

I last saw h[illegible] alive on 10 - 1 1933 Death is said to have occurred on the date stated above, at 10.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Auricular fibrillation	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G Reese M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C S 3

AaCo. 5-II 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94057

CERTIFICATE OF DEATH

E 94057

33-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 100 Caton Ave. St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Manown

(a) Residence: No. 2124 Callow Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilona Manown

6. DATE OF BIRTH (month, day, year) February 20, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67 yrs.	7	8 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Dr. James H. Manown

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Armstrong

16. BIRTHPLACE (city or town) (State or country) Emmitsburg Maryland

17. INFORMANT Jenkins Memorial Hospital
(Address) 100 Caton Ave. City

18. BURIAL, CREMATION, OR REMOVAL
Place Kingwood, W. Va. Date Oct. 2, 1933

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. Fort Ave.

20. FILED OCT 2 1933 Wm. F. Williams M.D. Registrar. #6956

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933 to October 1st, 1933

I last saw him alive on ....., 1933, death is said to have occurred on the date stated above, at 10:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	9/20/33

Other contributory causes of importance:

Hypertension	
Left Hemiplegia	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) John C. Dunsler M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 694058 ✓ 694058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 E. Federal St., 8-01 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred H. Gosnell

(a) Residence: No. 2308 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Emma Gosnell

6. DATE OF BIRTH (month, day, year) November 26, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George T. Gosnell

14. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

MOTHER

15. MAIDEN NAME Anna Mason

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

17. INFORMANT Mr. W. S. Gosnell
(Address) 507 Forester Ave., Annslie

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 4 1933

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1933 to October 2 1933

I last saw him alive on October 1 1933. Death is said to have occurred on the date stated above, at 8.55Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Congestive Heart Failure	5/15/33

Other contributory causes of importance:

Bronchio Pneumonia	9/24/33

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Milton Goldberg M. D.

(Address) 1524 N. Patterson Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-L E 94059 ✓ E 94059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ray Block

(a) Residence: No. 1345 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Block

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Rice

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fenia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Block
(Address) 1345 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Wolsdale Date 10-2- 1933

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Baltimore St

20. FILED 10-2- 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2 1933

22. I HEREBY CERTIFY, That I attended deceased from September 17 1933 to October 2 1933

I last saw her alive on October 2 1933 Death is said to have occurred on the date stated above, at 1 39 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10/1/33

Other contributory causes of importance:

Name of operation Lumbo Cranial Date of 9/19/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Asher Robert Cohen M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-1

E 94060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94060

Registered No. 131

1. PLACE OF DEATH: West Baltimore General Hospital

CITY OF BALTIMORE: (No.) Kayser & Dukeland (St.) 12-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME: Charles H. Quast

(a) Residence: No. 2836 N. Calvert St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (~~or WIFE~~ of) Fannie A. Quast

6. DATE OF BIRTH (month, day, year): Aug 8 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ~ 5 years 043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Henry Quast

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George F. Quast

(Address) 2500 Hermosa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date Oct 3 1933

19. UNDERTAKER: Ellis S. White

(Address) 2509 Madison Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/28 1933 to 9/30 1933

I last saw him alive on 9/30 1933. Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	9/26
2.	

Other contributory causes of importance:

Hypertension Cardiovascular-Renal Disease	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John R. Young M.D. M. D.

(Address) 1111 B St N.

0012 1933

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 94061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94061

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 18 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Smith

(a) Residence: No. 421 Beales Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Leven Hollis

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rose Lee

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Oct 2 1933

19. UNDERTAKER [illegible] (Address)

20. FILED Oct 2 1933 19 [illegible] Registrar

0888

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to Sept 28, 1933

I last saw her alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 12 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	?
Hypertension	?
Arthritis, hypertrophic	4 yrs
	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I Pinagues M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1206-6 E 94062 ✓ E 94062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. (Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olie Thompson

(a) Residence: No. No home St., Ward. Norway.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Tollaksen Thompson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Ruskola ? /

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Friends /

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 2. 1933

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

OCT 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to Sept 30 1933

I last saw h alive on Sept 30 1933 Death is said to have occurred on the date stated above, at 4.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Haggerty M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Bks.

E 94063 ✓ E 94063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. ST. 70-01 WARD)

2-FULL NAME Mrs Katie Vogel

(a) RESIDENCE NO. 2423- Loretta Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 11 mos 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry L. Vogel

6 DATE OF BIRTH (month, day, and year) Oct. 1 - 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS
10 NAME OF FATHER Max Label
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Rebecca Herz
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Henry L. Vogel 2423 Lorretta Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1/33

17
I HEREBY CERTIFY, That I attended deceased from 9/29, 1933, to 10/1, 1933
that I last saw her alive on 10/1/33, 19
and that death occurred, on the date stated above, at 3:10 p. m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia
Intracranial Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Aloha K. Crowther M. D.
, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery
DATE OF BURIAL 11/4/1933

20 UNDERTAKER Geo. Weber & Son
ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 2 1933

M. D. B. 1268

E 94064

E 94064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 96-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Kohlhoff

(a) Residence: No. 3403 Foster Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kohlhoff

6. DATE OF BIRTH (month, day, year) May 7, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	46	4	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard F. Kohlhoff

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Harriet Landenlager

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Records Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hunt Co. Date Oct. 4, 1933

19. UNDERTAKER (Address) A. Howard Evans 22 E Fort Ave

20. FILED Oct 4 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933 to Oct. 1, 1933

I last saw him alive on Oct 1, 1933 Death is said to have occurred on the date stated above, at 4.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	6 days
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I D Magruder M. D.

(Address) Balt. City Hosp

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1200-9 E 94065 ✓ M E 94065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St., [illegible]-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Bennett

(a) Residence: No. 3734 E. Lombard St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Bennett

6. DATE OF BIRTH (month, day, year) Feb. 25/1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Leo Oberle

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Frank Bennett (Hus.)
(Address) 3734 E. Lombard St. City.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Oct. 3/33

19. UNDERTAKER Lilly & Tyler Inc.
(Address) 813 S. Wolfe St.

20. FILED Oct 4 1933 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19... to ..., 19...
I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. fractures of Both Femora Shock	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/30. 1933

Where did injury occur? Philadelphia Rd & Hamilton Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which she was riding collided with a pole

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E. Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M E 94066

210-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Bennett

(a) Residence: No. 3734 E. Lombard St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Feb. 25/1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Bennett

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Hannah Oberle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frank Bennett (Father)
(Address) 3734 E. Lombard. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Oct. 3/33

19. UNDERTAKER Tilley, Miles Inc.
(Address) 1023 E. Fayette St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 19... to ... 19...

I last saw h... alive on Sept 30, 19 33 Death is said to have occurred on the date stated above, at 7.33 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture of Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/30, 1933
Where did injury occur? Philadelphia Pennsylvania
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Accident
Manner of injury Auto in which she was riding
Nature of injury collided with a telephone pole

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) Joseph Fahey M. D.
Coroner
(Address) 1200 E Madison St.

CAUSE OF DEATH in plain terms, as that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94067

E 94067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 203

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter S. Diamond

(a) Residence: No. 2337 Fayett St. City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Peters

6. DATE OF BIRTH (month, day, year) Mar. 21 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Diamond

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sarah E. Frazer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Walter R. Diamond (Address) 707 S Potomac St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Oct 4 1923

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 405 S Wolfe st.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30th, 1923

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 to Sept 30, 1923

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Accident Fall. Contusion of head and Cerebral Hemorrhage 12 hours

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 29 1923

Where did injury occur? 1 W 6 St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down elevator shaft

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Kurtz Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. (Not mode of dying.)
OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250BL E 94068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94068

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 8-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George L. Hallenbeck

(a) Residence: No. 1604 North Broad St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary E Stoffebert

6. DATE OF BIRTH (month, day, year) June 4-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 032

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Grocery

10. Date deceased last worked at this occupation (month and year) Aug 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) St. Clare County Wisconsin

FATHER

13. NAME George L Stoffebert

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Margaret Stoffebert
(Address) 1604 N. Broad St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Cem. Date Oct 4 1933

19. UNDERTAKER H. Thos Jones Inc
(Address) 424 E. Broadway

20. FILED ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1933 to October 1, 1933
I last saw him alive on October 1 1933 death is said to have occurred on the date stated above, at 7½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1.) Prostatic hypertrophy	?
2.) Chronic myocarditis	?
3.) Nephritis interstitial	?
4.) Bronchopneumonia	9-24-33

Other contributory causes of importance:

Name of operation supra-pubic cystotomy Date of 8-31-33

What test confirmed diagnosis? Microscopic Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30 A & Co. 250 M

E 94069 ✓ E 94069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th St + Keswick Rd 43rd WARD)

2. FULL NAME Mrs Eva K. Tiguer

(a) RESIDENCE NO. Home for Incurables ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William James Tiguer

6 DATE OF BIRTH (month, day, and year) Jan 20. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Philip Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac

14 Informant (Address) Hospital Records.

15 Filed OCT 2 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2, 1933.

17 I HEREBY CERTIFY. That I attended deceased from Feby 18, 1931 to Sept 30, 1933 that I last saw h~~e~~r alive on Sept 30, 1933 and that death occurred, on the date stated above, at 5 55 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

8 (duration) yrs. mos. ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Exam.

(Signed) Wm B Mayo M. D.

10/2. 1933 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chance Somerset Co Md. DATE OF BURIAL Oct 3 1933

20 UNDERTAKER J Wyllie & Sons Inc ADDRESS 4 & Broadway

M. D. B. 1268-B

E 94070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94070

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 Brice St., 20-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. Weil

(a) Residence: No. 540 Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1855

7. AGE — Years 78 | Months 7 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 013

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Kaufman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT 540 Brice St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 3rd 1933

19. UNDERTAKER Charles J. Lohrab
(Address) 525 N. Howard St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on Oct 2nd 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Chronic Myocarditis	
Enteritis	

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94071

82-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Hudson Street St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Maksymiljan Baranowski

(a) Residence: No. 2633 Hudson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emilia . Baranowski

6. DATE OF BIRTH (month, day, year) September 21 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Casimior Baranowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Emilja Baranowski
(Address) 2633 Hudson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Harmland Cemetery Date Oct 3 1933

19. UNDERTAKER John M Weber
(Address) 401 E Chester St

20. FILED Oct 4 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1933 to Sept. 30 1933

I last saw h alive on Sept. 30 1933 Death is said to have occurred on the date stated above, at : m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis (gradual) of Angulation and starvation, following head injury two years ago.	2 yrs
	050
Other contributory causes of importance: Myocardial Insufficiency	9-28-
	33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1933

Where did injury occur? Balto. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from platform

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. B. Bromshas M. D.

(Address) 3037 Odonnell Av

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94072

CERTIFICATE OF DEATH

95-10 E 94072

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 W. 23rd St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Kelly

(a) Residence: No. 414 W. 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas Kelly

6. DATE OF BIRTH (month, day, year) about 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Richard Neeley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Kenny

(Address) 414 W. 23rd St

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date Oct 3rd, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Thurston Williams M.D. Registrar.

20. FILED OCT 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1933 to Oct 1, 1933

I last saw h[illegible] alive on Oct 1, 1933 Death is said to have occurred on the date stated above, at 12.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	April 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Exam: an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Wm Edmunds M. D.

(Address) 2746 Alameda Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5-3

M. D. B. 1265-9

E 94073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-803 E 94073

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-81 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Gibson

(a) Residence: No. 3711 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. ~~If married~~ widowed, or ~~divorced~~ WIFE of ~~living~~ HUSBAND of Nancy Lee Gibson

6. DATE OF BIRTH (month, day, year) Feb 7th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talyhmans Island Md

FATHER

13. NAME Wm Gibson

14. BIRTHPLACE (city or town) (State or country) Talyhmans Island Md

MOTHER

15. MAIDEN NAME ? Master

16. BIRTHPLACE (city or town) (State or country) Talyhmans Island Md

17. INFORMANT Chas E. Gibson

(Address) 3711 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) BP Norris M. D. Coroner

(Address) 1303 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1264-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94074

CERTIFICATE OF DEATH

E 94074

218-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mildred Louise Huff

(a) Residence: No. 6522 Rosemont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 15, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Strange Work ✓ 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Harvey E. Huff

14. BIRTHPLACE (city or town) (State or country) Charlestown W.Va.

MOTHER

15. MAIDEN NAME Mildred Cheetham

16. BIRTHPLACE (city or town) (State or country) Worcester, Mass.

17. INFORMANT Harvey E. Huff
(Address) 6522 Rosemont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct 11th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED OCT 3 1933 19.. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Unsure 19.. to 19..

I last saw h alive on Unsure 19.. Death is said to have occurred on the date stated above, at (m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Oct 2. 1933

Where did injury occur? Belair Rd nr Kelly Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury running across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner

(Address) 2105 E Madison St

M. D. B. 1268-9

E 94075

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94075

CERTIFICATE OF DEATH

V 93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Fleet St St., 1-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F Brenner

(a) Residence: No. 3104 Fleet St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret A Brenner

6. DATE OF BIRTH (month, day, year) 4/8/88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Enthusiastic Cook

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Brenner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Minnie Groth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Margaret A Brenner
(Address) 3104 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Oct 5th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 W Pratt St

20. FILED OCT 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	
Diabetes	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94076 E 94076

CERTIFICATE OF DEATH 100

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kemp Jones Jr.

(a) Residence: No. 3404 Fairview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Lenore E. Jones

6. DATE OF BIRTH (month, day, year) Oct 9th 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Log Inn. Co.

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dr C. Frank Jones

14. BIRTHPLACE (city or town) (State or country) Martinsburg West Va

MOTHER

15. MAIDEN NAME Lena Kempel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Lenore E. Jones

(Address) 3404 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

OCT 5 1933 GHS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1933 to Oct 2 1933

I last saw h... alive on Oct 2, 1933. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Acute dilatation of heart following operation for fracture of left wrist	9 21 33
2 Pulmonary infection	10 1 33
3 Thrombophlebitis superficial	
Surgical wound of wrist	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James J. Moore M. D.

(Address) University Hospital Baltimore Md.

S. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94077

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94077

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E. North Ave. Ward) 9-01

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter H. Miller

(a) Residence: No. 1004 E. North Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Edna F. Miller

6. DATE OF BIRTH (month, day, year) June 20 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~45~~ 43		3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano Decorating Co

10. Date deceased last worked at this occupation (month and year) 9-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Pa

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Edna F Miller
(Address) 1004 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 4th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED OCT 3 1933 ~~E. J. Williams~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1933 to Oct 2nd 1933

I last saw h~~im~~ alive on Oct 2 1933 Death is said to have occurred on the date stated above, at 1230a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7
Uremic sclerosis	
Arteriosclerosis	7
Senile Nephritis	7

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sidney A Strutt M. D.

(Address) 4 E Eutaw Ave

V 5 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94078 — 46 E 94078

CERTIFICATE OF DEATH

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL — BALTIMORE, MD. — 8-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Moreland

(a) Residence: No. 2247 E. Preston St., ... Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced (or) WIFE of Wade H. Moreland

6. DATE OF BIRTH (month, day, year) 18778

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	56	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bolton Sharp

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie E. Christ

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward Deaver
(Address) 2247 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Oct 3rd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/[illegible]/33

22. I HEREBY CERTIFY, That I attended deceased from 4-18-33, 19..., to 10-1-33, 19...

I last saw her alive on 10-1-33, 19... death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Pyelonephritis	
Cancer of rectum & liver.	

Other contributory causes of importance:

Name of operation Resection Colon Date of 4-24-33

What test confirmed diagnosis? Path Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94079

E 94079

27727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip Handy

(a) Residence: No. 1408 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 5-17-1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Handy

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Roberts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL National Female Oct 5 33

19. UNDERTAKER Bernard P. Hagenbuch

(Address) 218 Druid Hill Ave

FILED Oct 5 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933 to Oct 2, 1933.

I last saw him alive on Oct 2, 1933 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Chronic vascular nephritis	
Uremia	2 wks ago

Other contributory causes of importance:

Anemia, secondary	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94080

CERTIFICATE OF DEATH

V 209 E 94080

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Miller

(a) Residence: No. 908 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Jany 4/1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary A. Miller

(Address) 908 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date Oct. 4, 1933

19. UNDERTAKER George W. Zibler

(Address) 1737 E. Eager St. Williamson Williams, M.D.

20. FILED OCT 3 1933, 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1/33, 19...

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the ... at after midnight 12.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
" Pelvis ?	
Ruptured Rt Kidney ?	
Hemorrhage from Bladder	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sep30/33

Where did injury occur? Belair Rd & White Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Struck by Street Car passing rear of one in front of another

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. S. H. Wallis Coroner, M. D.

(Address) 506 E. Ivanhoe

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 94081

E 94081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2908 Keswick Road St., 13-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna L. Martin

(a) Residence: No. 2908 Keswick Rd St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Martin

6. DATE OF BIRTH (month, day, year) June 6 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James E. Hackley

(Address) 3304 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Oct 4, 1933

19. UNDERTAKER Chronowitz Sons

(Address) 3615-17 Eastern Ave

20. FILED Oct 3 1933 Clinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1933 to Oct 2, 1933

I last saw he alive on Oct 1st 1933 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Uremia	9 days

Other contributory causes of importance:

Name of operation Hysterectomy Date of 1-24-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas E. Kelly M. D.

(Address) 4601 Roland Ave

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94082 E 94082

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 E Biddle St., 11-91 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Harrison Hoffman

(a) Residence: No. 204 E Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word)
Female	White	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 8th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
75	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME H. Gilmor Hoffman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Julia Harrison

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT J. J. Hoffman
(Address) 5004 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 4th 1933

19. UNDERTAKER Hugh H. Jenkins
(Address) Charles & Mt. Royal Ave

20. FILED OCT 3 1933 19 Huntington Mitchell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929 19 .. to 10-2 1933

I last saw h[illegible] alive on 10-1 1933. Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	?
MYOCARDIAL INSUFFIC	1933

Other contributory causes of importance:

CARCINOMA OF BREAST	1932

Name of operation RESECTION BREAST Date of 3-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John J Dorsey M. D.

(Address) 1129 St Paul St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 94083

E 94083

27712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Young

(a) Residence: No. 1256 Harvest Lane St., ... Ward. H IX
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 11 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Tucker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mayer M.E. Church Cem. Hill Co. Date Oct 4, 1933

19. UNDERTAKER [illegible]
(Address) 1301 E. Eager St

20. FILED OCT 3 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-22- 1933 to 10-2- 1933

I last saw her alive on 10-2- 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	9-20
Osteomyelitis	
Other contributory causes of importance: Multiple Pulmonary Abscess	9-28

Name of operation Incision & Drainage Date of 9-22

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M B Woodhace M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y S 3

E 94084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Bruce St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda L. Jackson

(a) Residence: No. 1705 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30, 1932

7. AGE — Years: — Months: 9 Days: 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alfred T. Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elvira Pressey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elvira Jackson

(Address) 1705 N. Bruce

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 4, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1305 Presstman St.

20. FILED OCT 3 1933, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....

I last saw h... alive on Sept, 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Epilepsy Convulsions

1 day

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. E. Lurz, M. D.
Coroner

(Address) Boro

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94085

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2760 Tivoly Aven. 9-01 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? 80 yrs. mos. ds.

2. FULL NAME Katherine New

(a) Residence: No. 2760 Tivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John New

6. DATE OF BIRTH (month, day, year) Oct 13. 1837

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Reinhard Ehrig

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lillie Land
(Address) 2760 Tivoly Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct 4 1933

19. UNDERTAKER Mrs. Mrs. John M. Feusel & Son
(Address) 801 W. Fayette St.

20. FILED OCT 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1933 to Oct 1 1933

I last saw her alive on Sept. 30 1933 Death is said to have occurred on the date stated above, at 8.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis, Enteric Sclerosis	Long Duration
Other contributory causes of importance: Acute Enteritis	Sept 28

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94086 250 Blks

✓ E 94086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1530 Ashland Av ST. 7-01 WARD)

2-FULL NAME Bernard Briggs

(a) RESIDENCE NO. 1530 Ashland Av ST. WARD
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	divorced

5a If ~~married, widowed~~, or divorced
HUSBAND of
(or) ~~WIFE of~~ Louise Green

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Warrenton Va.

PARENTS

10 NAME OF FATHER Bernard Briggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Warrenton Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary E Coleman
(Address) 1734 - V St N W Washington D.C.

15 Filed OCT 3 1933 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-30-33

17

I HEREBY CERTIFY, That I attended deceased from 7-24th, 1933, to 9-30th, 1933

that I last saw him alive on 9-29th, 1933

and that death occurred, on the date stated above, at 6:50 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) ? yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 5-24-33.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Raymond Brown M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem DATE OF BURIAL 10-3 1933

20 UNDERTAKER Jas. H. Skinner ADDRESS 1603 E. Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 94087 ✓ E 94087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Light St. 23-1 (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Nichols

(a) Residence: No. 1420 Light Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. Nichols

6. DATE OF BIRTH (month, day, year) July 16 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $45

10. Date deceased last worked at this occupation (month and year) 4 | 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Thomas Nichols

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Francis Hubbard

16. BIRTHPLACE (city or town) (State or country) Dorchester County Md

17. INFORMANT Catherine E. Nichols
(Address) 1420 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 4 1933

19. UNDERTAKER Fred A. Krause & Son
(Address) 223-205 Hanover St.

20. FILED OCT 3 1933 Huntington Wilson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1933 to 10-1 1933

I last saw him alive on 10-1 1933 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder.	1931
Other contributory causes of importance: Rt Hydronephrosis	
Uremia	

Name of operation None Date of

What test confirmed diagnosis? Pathologic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isaac Miller M. D.

(Address) 1225 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-A E 94088

E 94088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4217 Franklin Av. 28 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Keigler

(a) Residence: No. 4217 Franklin Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Keigler

6. DATE OF BIRTH (month, day, year) Aug 29 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing

10. Date deceased last worked at this occupation (month and year) Sept-

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Cecil Md

FATHER

13. NAME John Keigler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kublick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary V. Keigler
(Address) 4217 Franklin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 5 1933

19. UNDERTAKER Harry W. Ehler
(Address) 1945 W Fayette Ave

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10/33, 19... to Oct. 3/33 19...

I last saw h. alive on Oct 2/33 and ... Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Sept 26/33
Other contributory causes of importance:	
Arterio-sclerosis	?
Hypertension	
Cerebral Hemorrhage & Paralysis	Sept 10/33

Name of operation ... Date of ...

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hall D Hublitt M. D.

(Address) 2220 Harlem Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cv. 6 3

M. D. B. 1268-a E 94089

E 94089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital. St., 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Cituk.

(a) Residence: No. 528 S. Bond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) November 23, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Milton Cituk.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Stela Pelakowicz.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Milton Cituk. (father)

(Address) 528 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 4. 1933

19. UNDERTAKER Fr. Olszewski

(Address) 1430 Eastern Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dorrhoea.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto Reinhardt M. D.
Coroner

10/3/33 (Address) 1017 E. Charles St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94090 ✓ E 94090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 10-26 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Solomon Rubin

(a) Residence: No. 2012 Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Volkraw

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Volkraw

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Rubin - Son
(Address) 2012 Eagle St

18. BURIAL, CREMATION, OR REMOVAL
Place Bals. Hebrew Date 10-3-33 19

19. UNDERTAKER Louis Levin & Son
(Address) 1939 E. Balto St

20. FILED OCT 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3 1933

22. I HEREBY CERTIFY, That I attended deceased from October 1 1933 to October 3 1933

I last saw him alive on October 3 1933 Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

Esophageal Hemorrhage — Date of onset 10-1-33

Other contributory causes of importance:

Cirrhosis of Liver

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Nathan Rosman M. D.
(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94091 ✓ E 94091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Juan Palocuis

(a) Residence: No. 127 S. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	????

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Faring 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Chili

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Oct 18 19 33

19. UNDERTAKER
(Address)

20. FILED 10-18-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 17/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphillitic Aortitis	???

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John Bacon Coroner, M. D.

(Address) 508 E Fayette

Instructions for Filling Out Certificate of Death

Certificate of death must be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 M. E 94092

HEALTH DEPARTMENT—CITY OF BALTIMORE E 94092

CERTIFICATE OF DEATH.

46

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 221 Ashton ST. 39-21 WARD)

2-FULL NAME Henry [redacted] Graff

(a) RESIDENCE NO. 2211 Ashton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Irma Graff.

6 DATE OF BIRTH (month, day, and year): Dec. 12 186[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bissel Worker

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Henry Graff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kathryina Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Irma Graff

(Address) 2211 Ashton St.

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/1 1933

17

I HEREBY CERTIFY, That I attended deceased from 5/31, 1932, to Oct 1, 1933,

that I last saw h[illegible] alive on Oct 1, 1933,

and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin McKeen, M. D.

19 (Address) 2030 McKeen Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Oct 4 1933

20 UNDERTAKER: George L. Schwab — ADDRESS: 2401 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9 E 94093 Day. ✓ E 94093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolto city Hosp Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Day

(a) Residence: No. 717 Rutland ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 22, 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobber 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Thomas Day

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Eliza Shanks

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lillian Simms
(Address) 717 Rutland Ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place National cem. Date 10-5th 1933

19. UNDERTAKER Byron & Jamison & Wright
(Address) 1218 McElderry St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/14 1933 to 10/1 1933

I last saw h.[illegible] alive on 10/1 1933 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sternum	1 yr.
Cystadynitis	1 yr.
Urinary retention	1 day

Other contributory causes of importance:

Anemia	1 week

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. P. Brown M. D.

(Address) Bolto City Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E-94094

E 94094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolto City Hosp Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Bryant

(a) Residence: No. 306 Hargrove alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/10/1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Courtland Bryant

14. BIRTHPLACE (city or town) (State or country) Fultonville Md

MOTHER

15. MAIDEN NAME Emma P.

16. BIRTHPLACE (city or town) (State or country) Fultonville

17. INFORMANT Hosp. record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 10-4 1933

19. UNDERTAKER Bryant Emmett & Wright

(Address) 1200 McCulloh St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/3, 1933, to 10/1, 1933

I last saw him alive on 10/1, 1933 Death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuro nuia	1 Month

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. R. Bruns M. D.

(Address) Bolto. City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 94095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5017 Cordelia Ave St., 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Aubel Kratz

(a) Residence: No. 5017 Cordelia Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kratz

6. DATE OF BIRTH (month, day, year) Aug. 6, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME John Aubel

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Anna Praus

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Charles S. Kratz
(Address) Stevenson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 4 1933

19. UNDERTAKER Oursler Bros
(Address) Ford & Reaves

20. FILED ... 19... Registrar.

OCT 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Oct 2, 1933

I last saw h.. alive on Oct 2 1933 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuff.	1931
Arteriosclerosis	1929
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Roman C. Todd M. D.

(Address) 735 N. Fulton Ave

Cvds 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94096 ✓ E 94096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 N. Caroline St. 8 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M. Genest

(a) Residence: No. 1201 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~Husband of~~ (or) WIFE of: Francois Genest

6. DATE OF BIRTH (month, day, year): Apr 12th 1858

7. AGE: Years 75 | Months ✓ | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: August Fischer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Francis T. Genest
(Address) 917 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: Oct 5th, 1933

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Oct 2, 1933

I last saw h.. alive on Oct 2, 1933 Death is said to have occurred on the date stated above, at 7:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Hypertensive cardio-vascular disease	
Cerebral Hemorrhage.	Sept 24 '33

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank D'Angelis, M. D.

(Address) 1117 St Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94097 — 93 E 94097

Registered No. 9-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. L244 E. North Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. McNeal
(a) Residence: No. 1244 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Aug 13/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Salesman. 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1 month

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bradford, Ala.

FATHER
13. NAME Sina McNeal
14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) W

17. INFORMANT Elizabeth McNeal
(Address) 1244 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross (Brooklyn) Date Oct 5th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. Filed Oct 4 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Chr Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John L. Cullen Coroner . M. D.
(Address) 5086 North Ave

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 94098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

E 94098

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Smith

(a) Residence: No. 852 Carroll St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 28 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none, child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles A. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Agnes Francis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Charles A. Smith

(Address) 852 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/5/ 1933

19. UNDERTAKER John Flowers & Son

(Address) 1501 Hollins St

20. FILED OCT 4 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1933 to October 3 1933

I last saw h.. alive on October 3 1933 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right lung	9-25-33

Other contributory causes of importance:

Enteritis	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was illness or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Racusin M. D.

(Address) Franklin Square Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 34099

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 34099 ✓108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 3-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME William Contee

(a) Residence: No. 228 S Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/4/90

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

FATHER

13. NAME John Contee

14. BIRTHPLACE (city or town) (State or country) D.C

MOTHER

15. MAIDEN NAME Emily Logle

16. BIRTHPLACE (city or town) (State or country) D.C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hope Date 10/4/33 19

19. UNDERTAKER Paul C Brown Son
(Address) Baltimore

20. FILED OCT 4 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1933 to Oct 1 1933 19
I last saw h. alive on Oct 1 1933. Death is said to have occurred on the date stated above, at 10 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Type VI	9-19-33
Pneumococcus septicemia, Type VI	9-25-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carmichael Teighman M. D.

(Address) Johns Hopkins Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94100 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94100

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH
CITY OF BALTIMORE: (Dist.) Baltimore City Hosp. St. 22-61 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Eisel
(a) Residence: No. 822 S Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME John Eisel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Kupfelt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Oct 5 1933

19. UNDERTAKER E. Schloman's Sons (Address) 1029 E. Monument St.

20. FILED OCT 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1933 to Oct 2, 1933
I last saw him alive on Oct 2, 1933 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism, chronic	?
Alcoholic psychosis	?

Other contributory causes of importance:

Name of operation Date of None
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pincus M. D.
(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

E 94101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94101

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Md Gen Hospital 27-01 Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Greenfield

(a) Residence: No. 610 Somerset Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Aquila H. Greenfield

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura Blades

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. H. Greenfield
(Address) 8 Beechdale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemty Date Oct. 4, 19 33

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED OCT 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/1/33, 19 to 10/2/33, 19

I last saw h alive on 10/2/33, 19 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Myocardial failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J E Pedler, M. D.

(Address) Md Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 94102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94102

94-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Brookfield Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adele Pollack Davidson

(a) Residence: No. 2301 Brookfield Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Davidson

6. DATE OF BIRTH (month, day, year) April 21, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Uriah Pollack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Davidson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. L. Davidson

(Address) 2301 Brookfield Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Date Oct. 4, 1933

19. UNDERTAKER David Sondheim & Sons

(Address) 1902 Eutaw Place.

20. FILED Oct 4 1933 H. Tinsley Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Oct 3, 1933

I last saw her alive on Oct 3, 1933 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	9-20-33
Other contributory causes of importance: Arterio sclerosis	years
Coronary disease	3 years

Name of operation NO Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Robert V. Seliger M. D.

(Address) 2140 Mt. Royal Terrace

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y S 3

M. D. P. 1268-9

E 94103

E 94103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Edmondson Avenue St., 10-01 Ward)

Length of residence in city or town where death occurred 73 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George V. McGowan

(a) Residence: No. 1827 Edmondson Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha E. Tydings

6. DATE OF BIRTH (month, day, year) Sept. 27, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gov't

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government Inspector

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry McGowan

14. BIRTHPLACE (city or town) (State or country) Londonerry Ireland

MOTHER

15. MAIDEN NAME Mary Bevan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Martha E. McGowan
(Address) 1827 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 10/6, 1933

19. UNDERTAKER Henry U. Mears and Son
(Address) 805 [illegible]

20. Filed OCT 4 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1933 to Oct. 3 1933

I last saw him alive on Oct 3 1933 Death is said to have occurred on the date stated above, at 6.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	9/24/33
Cerebral Hemorrhage	9/10/33

Other contributory causes of importance:

Hypertension	?
Arteriosclerosis.	?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Augustine P. Von Schrader M.D.

(Address) 1818 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 94104

94104

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5310 (Street) Chandler Ave (Ward) 25 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis G. Horlebem

(a) Residence: No. 5310 Chandler Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Horlebem

6. DATE OF BIRTH (month, day, year) Mar-15-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 75

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Cutter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frederick Horlebem

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Ernst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma S. Horlebem
(Address) 5310 Chandler Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dr Hill. Date Oct 4 1933
Reg Tuckey Sons

19. UNDERTAKER Fenwick North
(Address)

20. FILED OCT 4 1933 19... E. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to Oct 2 1933

I last saw h... alive on Oct 1 1933 Death is said to have occurred on the date stated above, at 2:1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronac Occlusion	Months / Days / Hours

Other contributory causes of importance:

Myocarditis
Arterial Sclerosis
Senility

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard Culley M. D.

(Address) 2027 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1268-9

94105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 94105

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Arunhill Ave 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Alexander Kay

(a) Residence: No. 4108 Arunhill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Emma M. Kay

6. DATE OF BIRTH (month, day, year) Aug 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mfg Chemist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: N. S. Wample Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 026

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME Dr. John P. Kay

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Monteith

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Emma M. Kay

(Address) 4108 Arunhill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 5 1933

19. UNDERTAKER Wm. J. Pugh & Bond

(Address) Pratt & Pa Ave.

20. FILED 1933 Huntington Wilson Registrar.

CT4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1933, to Oct 2, 1933

I last saw him alive on Oct 2 1933 Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis?	
Cerebral arteriosclerosis with cirrhosis of liver and respiratory failure	1932

Other contributory causes of importance:

Gradual decline over a period of several years

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Wesley Cole M. D.

(Address) 2202 Harwick Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94106

✓ E 94106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 701 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Lorraine Aldridge

(a) Residence: No. Rising Sun, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/15/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1 weeks	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Fred Aldridge

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Pearson Md. Date Oct 4, 1933

19. UNDERTAKER William G. Schaffer (Address) 1816 E Monument St.

20. FILED Oct 4, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1933 to Oct. 3, 1933

I last saw her alive on Oct 2, 1933. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric stenosis	Birth
Paralytic ileus	5 days

Other contributory causes of importance:

Name of operation Fredet-Ramstedt Date of 9-28-33

What test confirmed diagnosis? Roentgen Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John B. Washington, M. D.

(Address) Johns Hopkins

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 12 E 94107

E 94107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 70-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? 7 yrs. mos. ds.

2. FULL NAME Rena Solcks

(a) Residence: No. 2016 Christian St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-22-1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Morris Sacks

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie Lapf

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Sacks

(Address) 2016 Christian

18. BURIAL, CREMATION, OR REMOVAL Date 10-4-3 19

Place Bath Hebrew

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Oct 4, 1933

I last saw her alive on Oct 3rd, 1933 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	Oct 28
[redacted]	

Other contributory causes of importance:

Spinal Paraplegia (Pottis Disease)	1927

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gustav Highstein M. D.

(Address) Sinai Hospital.

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94108 ✓ E 94108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Keswick Road St., 13 Ward) 13-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank P. Appel

(a) Residence: No. 3117 Keswick Road St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma E. Appel
6. DATE OF BIRTH (month, day, year): May 14 1870
7. AGE: Years 63 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 62
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: William Appel
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Caroline —
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: William Franklin Appel
(Address): 3117 Keswick Road.

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn Date Oct. 5 1933

19. UNDERTAKER: Horace F. Burgee
(Address): 3631 Falls Road

20. FILED OCT 4 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 3. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1933 to Oct 3 1933
I last saw h— alive on Oct 2 1933 Death is said to have occurred on the date stated above, at 3:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	7 yrs.
& endocarditis	
Other contributory causes of importance:	
Coronary thrombosis	1 day

Name of operation none Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94109 E 94109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ERNEST FELTZ

(a) Residence: No. 325 OTTERBEIN ST St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 4, 1933

19. UNDERTAKER ...
(Address)

20. FILED OCT 4 1933 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from SEPT 30, 1933, to SEPT 30, 1933

I last saw him alive on SEPT 30, 1933 Death is said to have occurred on the date stated above, at 8:07 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exact cause of death unknown even after autopsy - Microscopic examination not reported as yet Evidence of Cancer [illegible] not studied	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) James J. Nutter M. D.

(Address) University Hospital Baltimore Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] E 94110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94110

93-004

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 13-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm A. Bond

(a) Residence: No. 3446 Roland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced—HUSBAND of (or) WIFE of: Susan Bond

6. DATE OF BIRTH (month, day, year): Oct. 8, 1865

7. AGE: Years 67 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

FATHER
13. NAME: Wm W. Bond
14. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER
15. MAIDEN NAME: Mary F. Amos
16. BIRTHPLACE (city or town) (State or country): Balt. Co.

17. INFORMANT (Address): Records Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Cemetery Date: Oct. 6, 1933

19. UNDERTAKER (Address): Undertaking Establishment

20. FILED: Oct 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1933, to Oct 3, 1933
I last saw h[illegible] alive on Oct. 3 1933 Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial insufficiency	3 mo
C C Congestive failure	3 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I D Magill, M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 14 1933

1-30—M & T.—(1) B—3012 E 94111

✓ E 94111

+186-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph's Hospital ST., 9-01 WARD)

2-FULL NAME Joseph M. Harman

(a) RESIDENCE NO 11/11/1111 Baldwin, Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Thompson

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 65	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Prince George
(State or country) Maryland

10 NAME OF FATHER Darius Harman

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town) " "
(State or country) " "

14 Informant Miss Marguerite M. Harman
(Address) 2919 Guilford Avenue

15 Filed ... 193 ... Registrar

OCT 4 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3/33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage-Frac Skull
Probably fell into ditch in or near
Baldwin bet 7 PM & Mid Oct 2/33
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Intoxication
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) [signature], M. D. Coroner

Oct 4/33 (Address) 505 E Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 10/5 1933

20 UNDERTAKER Henry U. Mentes & Son

ADDRESS 505 E. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D.-B. 1268-9

E 94112

E 94112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp'l St., 2-01 Ward)

Length of residence in city or town where death occurred 76 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos — da.

2. FULL NAME Ruth M. Dickson

(a) Residence: No. 900 Fell St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Dickson ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Ballard

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Dolan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 10/5 1933

19. UNDERTAKER Henry A. Mears and Son (Address) 300 N. Calvert St.

20. FILED ..... 19 ..... Registrar.

OCT 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Oct 3 1933

I last saw h.. alive on Oct 3 1933 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach ?	?
& metastases to Liver ?	?

Other contributory causes of importance:

Name of operation ..... Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. O'Connell M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 94113

✓ E 94113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital. St., (Ward)

Length of residence in city or town where death occurred 38 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? 50 yrs. ---- mos. ---- ds.

2. FULL NAME Elizabeth Engelhardt.

(a) Residence: No. 2524 W. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced (of) HUSBAND of (or) WIFE of: John Engelhardt.

6. DATE OF BIRTH (month, day, year) September 25, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Maurer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elizabeth Ehrman. (daughter)
(Address) 2524 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 5 1933

19. UNDERTAKER H. B. Hepburn & Son
(Address) 1200 Eutaw Place

20. FILED OCT 5 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above 9.10 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of the left fem. neck.

Accidental fall from 2nd. story window.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/2/33 19

Where did injury occur? 2524 W. Fairmount Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Accidental fall from 2nd. story window while dusting sill.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

10/2/33 (Address) 1017 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94114 E 94114

CERTIFICATE OF DEATH

V 147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Smith

(a) Residence: No. 631 Walpert Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Freman Smith

6. DATE OF BIRTH (month, day, year) March 11/1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams Co., Pa.

FATHER

13. NAME George Atkison

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Hattie Sto

16. BIRTHPLACE (city or town) (State or country) Gettysburg, Pa.

17. INFORMANT Freman Smith
(Address) 631 Walpert Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date Oct 5th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED OCT 5 1933 H Livingston Williams
Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct 3/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.145 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
XXXXXXXXXXXXXXXXXXXX	
Myocardial Failure	
Pulmonary Odema	
General Anasarca	

Other contributory causes of importance:

Toxemia of Pregnancy (And) (About 8 mons gestation. Baby succumbed in utero)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. K. Carter, M. D.
Coroner

(Address) 508 E Fayette

M. D. H. 1268-9 DEATHS in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 94115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 94115

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton ave St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Otten

(a) Residence: No. 3535 Everhart St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) nellie Otten

6. DATE OF BIRTH (month, day, year) Aug 21, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME Gerhardt Otten

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Christina Rike

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Nellie Otten

(Address) 3535 Everhart St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Hampden Date Oct 6, 1933

19. UNDERTAKER Richard Lord

(Address) 3611 Eastern Ave

FILED OCT 5 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to Oct 4, 1933

I last saw h.. alive on Oct 4, 1933 Death is said to have occurred on the date stated above, at 1.25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	1923

Other contributory causes of importance:

Name of operation Cauterization + Biopsy Date of 1933

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John C. Dunler M. D.

(Address) St. Agnes Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94116

E 94116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 N. Pat Rick 8-01 St., ... Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helena L. K. Potee

(a) Residence: No. 1429 N. Pat Rick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Matthew L. Potee

6. DATE OF BIRTH (month, day, year) July 29 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Simon Schwinsberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna L—

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hazel Seitz
(Address) 1429 N. Pat Rick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Oct 5 1933

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Eutaw St.

20. FILED OCT 5 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1933 to Oct. 3, 1933
I last saw her alive on Oct 3, 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/2/33
Other contributory causes of importance: Arteriosclerosis	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wilbur E. Singerly M. D.

(Address) 1623 E. North Ave

V.S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 94117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94117

CERTIFICATE OF DEATH

X-173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on arrival at Hopkins Hospital St. 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. 16 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ira McDaniels

(a) Residence: No. 220 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tuskee, Ala

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Edward Bryen
(Address) 1031 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson's Date Oct 5, 19...

19. UNDERTAKER Edw. Bryan
(Address)

20. Filed OCT 5 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2/33, 19...

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above at about 2m P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage-due to pistol shot wound of aorta.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Homicide Date of injury ..., 19...

Where did injury occur? 220 N. Caroline St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Howe Coroner, M. D.

(Address) 508 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 94118

E 94118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Eff yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hillary Peters, Jr.

(a) Residence: No. 1346 N. Fremont ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Peters

6. DATE OF BIRTH (month, day, year) Aug. 31, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Hillary Peters, Sr.

14. BIRTHPLACE (city or town) .....
(State or country) Maryland

MOTHER

15. MAIDEN NAME Cornelia Jennings

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct 7, 1933

19. UNDERTAKER Thomas E Kelson
(Address) 1303 Freestman st

20. FILED OCT 5 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to Oct. 4, 1933
I last saw him alive on Oct. 1933 Death is said to have occurred on the date stated above, at 12.55 mA.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Christopher C. Shaw M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. H. 1268-9

E 94119

Dr. Paul Byerly 3048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 72 94119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 N. Monkdale St., 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Franklin Hammacher

(a) Residence: No. 2218 N Monkdale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, ~~Married, Widowed, or Divorced~~ (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3 1933

7. AGE — Years | Months | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Buxton Adam

14. BIRTHPLACE (city or town) Rockhall Md. (State or country)

MOTHER

15. MAIDEN NAME Loretta Rhodes

16. BIRTHPLACE (city or town) Johnstown Pa (State or country)

17. INFORMANT Loretta Hammacher

(Address) 2218 N. Monkdale

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 5 1933

19. UNDERTAKER F. C. Shipperd

(Address) 838 W Baltimore St

20. FILED OCT 5 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1933 to Oct 4th 1933 19 ..... I last saw him alive on Oct 4th 1933 Death is said to have occurred on the date stated above, at 1:15 P. M.

The principal cause of death and related causes of importance were as follows:

Congenital Heart malformation — Date of onset

Other contributory causes of importance:

Premature

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Dr. P. Byerly M. D.

(Address) 3048 W Lombard

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34120

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 11-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Purnance

(a) Residence: No. 1209 Druid Hill Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 7/14/89

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Purnance

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hannah Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 10/5/33

19. UNDERTAKER Mrs. George E. Boyd
(Address) 1631 Druid Park Drive

20. FILED OCT 5 1933 Hattie Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1933 to Oct-3, 1933.
I last saw him alive on Oct-3, 1933 Death is said to have occurred on the date stated above, at [illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of abdomen	?
Intestinal Obstruction	4 weeks
Beneral peritonitis	2 days
Other contributory causes of importance:	post

Name of operation Ileostomy Date of 9-29-33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert E. Daniels, M. D.

(Address) Johns Hopkins Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94121

Spec.—6-2-19—H. P. Co.—1000 Bks.

E 94121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4612 Raven Av ST. 27-01 WARD)

2-FULL NAME. Mary Richie

(a) RESIDENCE. NO. 4612 Raven Av ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3-1933

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Clair Richie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address)

15 Filed OCT 5 1933 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3-33

17 I HEREBY CERTIFY, That I attended deceased from 10-1-33, to 10-3-33,

that I last saw h alive on 10-3-33,

and that death occurred, on the date stated above, at 8 A.M. [p.m.]

The CAUSE OF DEATH* was as follows:

Acute Hemorrhage
Ulcer
Duodenal Ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. Reid Bunting, M. D.

19 (Address) 606 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

J. H. Md College — Oct 0 1933

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9 E 94122 E 94122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 156

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Breen

(a) Residence: No. Centerrell 2nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 5th, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm Breen

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Agnes Pinder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Centerville, Md. Date 10/5/ 1933

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

20. FILED OCT 5 1933 for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Thompson M. D.

Coroner

(Address) 3632 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. (268-4) E 94123

✓ E 94123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Madison Ave. St., 14-C Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edgar C. Thompson

(a) Residence: No. 1900 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville, Md Md

FATHER

13. NAME Ford Thompson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosie Thompson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ford Thompson
(Address) 1700 Madison ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 10/6 1933

19. UNDERTAKER Samuel J. Hensley
(Address) 525 N Bradford St

20. FILED GTS 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1933 to Oct. 3 1933

I last saw him alive on Oct. 3 1933 Death is said to have occurred on the date stated above, at 6.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Pneumonia	9-21-33

Other contributory causes of importance:

Tuberculosis, pulmonary	?

Name of operation None Date of .....

What test confirmed diagnosis Clinical, lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Maceo Williams M. D.

(Address) 1830 Madison Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94124 ✓ E 94124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 37-11 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital
CITY OF BALTIMORE: (No. Remington Ave. & Wyman Park Drive St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bain M. Jones

(a) Residence: No. 5313 Beaufort Avenue, Baltimore St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Tyler Jones

6. DATE OF BIRTH (month, day, year) August 15, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-10-33

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Chance Maryland

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Chance Maryland

MOTHER

15. MAIDEN NAME Almira Kelly

16. BIRTHPLACE (city or town) (State or country) Chance Maryland

17. INFORMANT Records, U. S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Chance, Md. Date Oct. 5, 1933

19. UNDERTAKER Harry H. Nitzke
(Address) 4101 Edmondson Ave.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1933, to Oct. 3, 1933
I last saw him alive on Oct. 3, 1933 Death is said to have occurred on the date stated above, at 10:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	unknown
Nephritis, chronic	"
Uremia	"
Hemorrhage, cerebral	10-3-33

Other contributory causes of importance:

Name of operation --- Date of

What test confirmed diagnosis? Lab. & Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [illegible] M. D.
(Address) U. S. Marine Hospital, Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94125 ✓ M E 94125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. 1401

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hospital (St.) (Ward)

Length of residence in city or town where death occurred (yrs. mos.) ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M. Reeder

(a) Residence: No. 30 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate M Dawson

6. DATE OF BIRTH (month, day, year) August 22 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83.	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Reeder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Frances Sherlock

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Dr J. Dawson Reeder

(Address) 30 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 6, 1933

19. UNDERTAKER Chas E Mitchell & Son

(Address) 1111 Eutaw Place

20. FILED CTY 1933 [illegible] Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 , to , 19

I last saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at 12.15 A m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 3, 1933

Where did injury occur? In front of 30 E Preston St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John Phoney M. D.

(Address) 2100 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1933-9

E 94126 ✓ E 94126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 25-81 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Frederick Schlem Schlimm

(a) Residence: No. 4 Penn - Ind St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 14, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John F. Schlimm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Winterodt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Hands

(Address) 1710 Cole St. City

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Oct. 6, 1933

19. UNDERTAKER Harry H. Mitzke

(Address) 4101 Edmondson Ave.

20. FILED OCT 5 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) October 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-29-33, 19..., to 10-3, 1933.

I last saw him alive on Oct. 3, 1933. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (?)	9/28/33
Other contributory causes of importance: Broncho Pneumonia	

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) John C. Dunkler M. D.

(Address) St. Agnes Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

E 94127 ✓ E 94127

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City, Eastern Avenue Hospital 154

CITY OF BALTIMORE: NO. 1714 Eastern Place ST. WARD

2-FULL NAME Charles B. Dick, Jr.

(a) RESIDENCE NO. 4129 Potter St. ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apl. 19-1929

7 AGE — Years: 4 — Months: 5 — Days: 15 — If 1 day, or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Charles B. Dick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Belair, Maryland

12 MAIDEN NAME OF MOTHER: Mariella Eckholm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant (Address): Charles B. Dick, Sr. 4129 Potter Ave.

15 Filed: OCT 5 - 1933

16 Registrar: R.Y.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 4 1933

17 I HEREBY CERTIFY, That I attended deceased from 9/29/33, 19 , to 10/4/33, 19 ,

that I last saw him alive on 10/4/33, 19 ,

and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of lower jaw with Cervical cellulitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 9/30/33

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Jerome Snyder, M. D.

, 19 (Address) Balto. Eye Ear & Throat Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Oct. 7 - 1933

20 UNDERTAKER: Elmer St. Conklin,

ADDRESS: 924 East Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250M

E 94128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94128

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE MD. St. 2 4 01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dominic Roach

(a) Residence: No. 1429 Decatur St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ... Sara

6. DATE OF BIRTH (month, day, year) March 9, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dominick Roch
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Neumann
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Elizabeth Roch
(Address) 1429 Decatur St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Oct 7 1933

19. UNDERTAKER Charles A Storms
(Address) 1501 E Fort Ave

20. FILED ... 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1933 to October 4, 1933
I last saw him alive on October 4, 1933 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Malnutrition	
2) Otitis media (b) (1)	
3) Broncho pneumonia	10-1-33

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

LAURENCE M Williams ✓

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94129 X 34 E 94129

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, Baltimore)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence M. Williams

(a) Residence: No. 4 Everett Place, Louisiana (New Orleans)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mrs Lawrence Williams

6. DATE OF BIRTH (month, day, year) Nov. 1, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Patterson La

FATHER

13. NAME Frank Williams

14. BIRTHPLACE (city or town) (State or country) ala

MOTHER

15. MAIDEN NAME Emily Seyburn

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT (Address) Laurence Williams Jr. New Orleans

18. BURIAL, CREMATION, OR REMOVAL
Place New Orleans La Date Oct 6 1933

19. UNDERTAKER (Address) Henry H. Jenkins Inc. New Orleans

20. FILED OCT 6 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1933 to October 5, 1933
I last saw him alive on October 5, 1933 Death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malaria (therapeutic)	
pneumonia, bronchopneumonia	

Other contributory causes of importance:

shock	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. B. Seale M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94130

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Fished

(a) Residence: No. 1600 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Fished

6. DATE OF BIRTH (month, day, year) July 7 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Berlin, Germany

FATHER

13. NAME Chas. Fished

14. BIRTHPLACE (city or town) (State or country) Berlin Germany

MOTHER

15. MAIDEN NAME Margaret (?)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bessie Swoboda (Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 10/6/33

19. UNDERTAKER Wm Koch (Address) 1178 E Pratt St

20. FILED OCT 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1933 to 10-4, 1933

I last saw him alive on 10-4, 1933. Death is said to have occurred on the date stated above, at 11 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of bladder	?

Other contributory causes of importance: Pyelitis 3 days

Name of operation Resection of bladder Date of 9-20-33

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, how? ...

(Signed) E. R. Bourne M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

94131 — 176 E 94131

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St. 1-C Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Tuttle

(a) Residence: No. 1003 S. Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Tuttle

6. DATE OF BIRTH (month, day, year) Nov 25. 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Rose Hartman
(Address) 2504 Hudson St

18. BURIAL, CREMATION, OR REMOVAL Place Dulaney Valley Date 10/7 1933

19. UNDERTAKER J. H. Lork
(Address) 1217 St Paul St

20. FILED OCT 6 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1933

22. I HEREBY CERTIFY, That I attended deceased from September 28 1933 to October 4 1933

I last saw her alive on October 4 1933 death is said to have occurred on the date stated above, at 1.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cholelithiasis & cholecystitis	
2. obstructive jaundice	
3. Anemia-pernicious	
Other contributory causes of importance:	
1. Post anaemia	
2. Topaemia - (jaundice)	

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) S. M. Mueller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

94132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94132

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 402 E. 28th ST. 17-C WARD

2-FULL NAME Lillie S. Goetz

(a) RESIDENCE No 402 E. 28th ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 64yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1st 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John G. Goetz

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Henrietta Gude

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Amelia D. Beutz
(Address) 402 E. 28th St.

15 Filed . 19 [illegible] Registrar

CTC 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5th 1933

17

I HEREBY CERTIFY, That I attended deceased from Feb. 6, . 1933 . to Oct. 4, . 1933 .

that I last saw her alive on Oct. 4, . 1933 .

and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Wm. H. Ramsbaker M. D.

. 19 (Address) 2740 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Oct 6th 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

M. D. H. 1908-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34133

CERTIFICATE OF DEATH

34133

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 E. 34th St., 9-01 Ward)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Louise Search

(a) Residence: No. 619 E. 34th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 12-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	71	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ✓ ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher Search

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Hetter

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Ethel M. Gibbs

(Address) 7256 Bingham & Burkdale

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Oct. 6 1933

Place ... Date

19. UNDERTAKER Wm. J. Pue Sons

(Address) North & Davis.

20. FILED OCT 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1933 to Oct. 3, 1933.

I last saw h[illegible] alive on Sept. 1, 1933. Death is said to have occurred on the date stated above, at 1.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	10/3/33
Other contributory causes of importance:	
Coronary Thrombosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm. J. Pillsbury M. D.

(Address) 1115 Cedarcroft Road

state CAUSE OF DEATH in plain terms, so that ... ned. Exact statement of OCCUPATION is very important. See instructions on back on certificate.

M. D. H. 1268-9

E 34134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34134

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3027 Rosalind Ave St., 7-11 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Effie Dawson

(a) Residence: No. 3027 Rosalind Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Scott Dawson

6. DATE OF BIRTH (month, day, year) Aug. 18, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

FATHER

13. NAME Charles Segar

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Cook

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lillian Myers

(Address) 3027 Rosalind Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct. 6 1933

19. UNDERTAKER Wm. Tickner & Sons

(Address) North & Pulaski

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John T. Rowland Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94135

210-002

Registered No. E 94135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General) St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred A. Straughen

(a) Residence: No. 1810 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 26/1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	20	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolworth Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Straughen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Heritzel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James. Straughen.
(Address) 1810 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Oct. 7/33

19. UNDERTAKER Lilly & Feidler Inc.
(Address) 405 N. Wolfe St.

OCT 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Ruptured Liver — Shock & Hemorrhage — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Laparotomy Date of 10/1/33

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/1 1933

Where did injury occur? Road to Ft. Armistead Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto Accident

Manner of injury Boy in which she was riding struck a pole

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Coroner, M. D.

(Address) 3200 E. Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

94136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94136

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals 97
CITY OF BALTIMORE: (No. Balto Md St. 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Havannah Lee
(a) Residence: No. 319 W. Hoffman St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lee

6. DATE OF BIRTH (month, day, year) 9-17-78

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	60	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waiter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Adam Lee
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL 10/6/33 19..
Place Mt. Zion Cemetery Date

19. UNDERTAKER Mrs. George E. Holland
(Address) 16 W. Druid Hill Ave

FILED OCT 6 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-21- 1932 to 10-3- 1933

I last saw h.im alive on 10-3- 1933 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Dec
Other contributory causes of importance: Arterio Sclerosis & Cerebral Arterio Sclerosis	Dec

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm H. Goldsmith M. D.
(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94137

E 94137

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1153 N. Carrollton Ave St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma C. Browne

(a) RESIDENCE NO. 1153 N. Carrollton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 23 188[illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	53	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm. H. Brown

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Eliza M. Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Ella Browne

(Address) 1153 N. Carrollton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 4, 1933. 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933, to Oct 4, 1933,

that I last saw her alive on Oct 4, 1933,

and that death occurred, on the date stated above, at 6.20 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. da.

CONTRIBUTORY Exhaustion

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Exam.

(Signed) J. H. Slaughter, M. D.

10-5, 1933 (Address) 825 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 10/7/33

Mt Zion

20 UNDERTAKER — ADDRESS

George H. Holland 1531 Druid Hill Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

0015 1933-H

M. D. B. 1268-9

E 94138 HEALTH DEPARTMENT—CITY OF BALTIMORE 94138

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Milford Ave St. 28-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude A. Howser.

(a) Residence: No. 3411 Milford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3.1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lewis A. Howser,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary A. Burdick,

16. BIRTHPLACE (city or town) (State or country) Wheeling W. Va

17. INFORMANT Lewis H. McCreary.
(Address) 3411 Milford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date OCT 7 1933 19

19. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave.

OCT 6 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 5 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94139

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94139

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH Franklin Sq. Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-21 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Larmon Droze

(a) Residence: No. 306 N Bronaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Divorced

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Droze

6. DATE OF BIRTH (month, day, year) Jan 4th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Arthur Pegram
(Address) 306 N Bronaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Cem Date 10/1/33 19

19. UNDERTAKER J. J. Conaty & Son
(Address) 1411 Mc Elderry St

20. FILED OCT 6 1933 Assistant Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-2 , 1933 to 10-4 , 1933

I last saw her alive on 10-4 , 1933 Death is said to have occurred on the date stated above, at 12 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of both ovaries	May 1933

Other contributory causes of importance:

Pulmonary embolism

Name of operation Abdominal hysterectomy Date of 10-3-33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Samuel Rubin , M. D.

(Address) Franklin Sq. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94140

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94140

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 W Lanvale St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter R Stephens

(a) Residence: No. 1109 W Lanvale St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Carroll

6. DATE OF BIRTH (month, day, year) Aug 6th 97

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 67

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Levi Stephens

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Stein

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Elizabeth Stephens

(Address) 29 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Gdns Date 10/7/33, 19

19. UNDERTAKER J J Curran & Son

(Address) 1111 Park Ave

20. FILED OCT 6 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to Oct 6, 1933

That saw h.. alive on Oct 6, 1933. Death is said to have occurred on the date stated above, at 9 ^ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. G. Lally M. D.

(Address) 357 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 94141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 94141

CERTIFICATE OF DEATH.

131 REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 849 E Baltimore St ST. 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Patrick J. Dolan

(a) RESIDENCE NO. 849 E Baltimore St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Dolan

6 DATE OF BIRTH (month, day, and year) June 25 1888

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Dolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget McTague

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Peter Dolan

(Address) 1907 Monument Ave Baltimore

15 Filed OCT 8 1933 Thos. Eaton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 4th 1933

17 I HEREBY CERTIFY, That I attended deceased from April 20th, 1933, to October 4th, 1933

that I last saw him alive on Sept. 20th, 1933

and that death occurred, on the date stated above, at 7-45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Hammer M. D.

6/8 1933 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 10/7 1933

20 UNDERTAKER Jno J. Cowan & Son

ADDRESS 701 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 94142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 94142

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-A Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Kresina

(a) Residence: No. 1604 Shakespeare st. St., ... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Kresina

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 7 1933

19. UNDERTAKER P. V. Bazuski (Address) 1950 E. Monument Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Oct. 3 1933

I last saw him alive on Oct. 3 1933 Death is said to have occurred on the date stated above, at 10.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1932
Other contributory causes of importance:	
Pulmonary hemorrhage	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 3

M. D. R. 1268-9

E 94143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94143

168

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 81 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Crane

(a) Residence: No. 1644 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Crane

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jen Bachelgart

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT E. L. Crane
(Address) 1644 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Cemetery Date 10-5, 1933

19. UNDERTAKER Jack Sears Son
(Address) 1432 E. Biddle St.

20. FILED OCT 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4-, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to incised wound of neck	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Oct 4, 1933
Where did injury occur? Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of Injury Cut throat with razor
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Grave Fellows M. D.
Coroner
(Address) 709 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-3 E 94144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94144

277413 N Sing

CERTIFICATE OF DEATH

X 54-004

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Amick

(a) Residence: No. 305 E. 36th St Brooklyn N.Y. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of Bertha Caame

6. DATE OF BIRTH (month, day, year) July 15, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cl

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Pacer Amick

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place New York City Date 10/5/33 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1739 E. Baltimore St

20. FILED OCT 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Oct 4 1933

I last saw him alive on Oct 4 1933 Death is said to have occurred on the date stated above, at 1.53 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	1932
Benign	
Other contributory causes of importance:	

Name of operation Left Craniotomy Date of 10-4-33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul A. Kramer M. D.

(Address) The Johns Hopkins Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94145

CERTIFICATE OF DEATH

13 E 94145

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2405 Puget St. Mt. Winans

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Thomas Smith

(a) Residence: No. 2405 Puget St., Mt. Winans
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race Colored
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND (or) WIFE of Jas Edward Smith
6. DATE OF BIRTH (month, day, year) May 26, 1870
7. AGE: Years 63 Months 4 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King Wm Co Va

FATHER
13. NAME Thomas Gale
14. BIRTHPLACE (city or town) (State or country) K. Wm Co Va

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John Smith
(Address) 2405 Puget St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 8, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 222 N. Schroeder St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Oct 4, 1933

I last saw her alive on Oct 4, 1933 and death is said to have occurred on the date stated above, at 10 30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	1 yr
Other contributory causes of importance: Congestive Heart Failure	4 D

Name of operation ... Date of ...

What test confirmed diagnosis? Neg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. F. Knowles M. D.
(Address) 601 N Carrollton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94146

CERTIFICATE OF DEATH

92-00

E 94146

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hebrew Home for the Aged + Infirm

CITY OF BALTIMORE: (No.) Levindale St., 27 (Ward) 1

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Jennie Steinberg

(a) Residence: No. Belvedere + Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Levindale

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Woodlawn Date 10-6-33 19

19. UNDERTAKER (Address) Jack Lewis Inc 1439 E. Balto St

20. FILED 1933 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-30 . 1930 . to 10-5 . 1933

I last saw her alive on 10-5 . 1933 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease	
Arteriosclerosis	
Chr. Bronchitis	
Emphysema	

Other contributory causes of importance:

Cardiac decompensation

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund Levin . M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

35

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94147

CERTIFICATE OF DEATH

45

E 94147

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Scott St., ... Ward)

Length of residence in city or town where death occurred ?, yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas J. Flynn.

(a) Residence: No. 600 Scott St., 21 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)			
April 21 1876			
7. AGE	**Years**	**Months**	**Days**
	57	5	13

If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Patrick J. Flynn

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Hogan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Joseph P. Flynn.

(Address) 600 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10-7 1933

19. UNDERTAKER Bernard E Hartel

(Address) 1010 S Paca St.

20. FILED Oct 6 1933 Huntington Wilson Registrar.

E.H.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Oct 4th 1933

I last saw h.. alive on Oct 4 1933 Death is said to have occurred on the date stated above, at 9 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of throat	8/1/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis ? ..... Was there an autopsy ? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ? ..... Date of injury ..... 19.....

Where did injury occur ? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ?

If so, specify .....

(Signed) Sigfred Dam M. D.

(Address) 1527 Mott Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94148

E 94148

56

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N Stockton Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Jones

(a) Residence: No. 570 N Stockton St. Ward. 18-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11, 1917

7. AGE: Years 16 | Months 10 | Days 21 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
13. NAME Alma Church
14. BIRTHPLACE (city or town) (State or country) Balto

FATHER
15. MAIDEN NAME Charles Jones
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles Jones
(Address) 570 N Stockton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 3, 1933

19. UNDERTAKER Fred W Phillips
(Address) 1318 Edmondson Ave

20. FILED Oct 6, 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933 to Oct 2, 1933
I last saw him alive on Oct 2, 1933 death is said to have occurred on the date stated above, at 11:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumatic Fever	1 Wk

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W F Kroeckel M. D.
(Address) 601 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94149 E 94149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Jefferson St. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Inglart

(a) Residence: No. 2304 Jefferson St. St., 7-41 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Getty Inglart

6. DATE OF BIRTH (month, day, year) May 15 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57. (57)	4	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Philip Inglart

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Getty Inglart (Wife)
(Address) 2304 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct. 7, 33 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

OCT 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-33

22. I HEREBY CERTIFY, That I attended deceased from 10-3-33 to 10-4-33 19..... I last saw h... alive on 10-4-33 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Chronic) Nephritis	3 days
Hypertension	

Other contributory causes of importance:

Acute Cardiac Decompensation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

27750 HEALTH DEPARTMENT—CITY OF BALTIMORE E 94150

CERTIFICATE OF DEATH

+ 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F Kopp

(a) Residence: No. 7125 N Curtis St., Ward. Portland Oregon
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-22-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montana

FATHER

13. NAME John Kopp

14. BIRTHPLACE (city or town) (State or country) Montana

MOTHER

15. MAIDEN NAME Lelia Shotwell

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Portland Oregon, Oct 6. 1933

19. UNDERTAKER Geo M. Link Son
(Address) Portland Ore

20. FILED OCT 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept - 27 . 1933 to Oct 6 . 1933
I last saw him alive on Oct 6 . 1933 Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	10-6-33
	1922

Other contributory causes of importance:

Name of operation Craniotomy Date of 10-2-33

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) P. A. Rembel M. D.

(Address) The Johns Hopkins Hospital

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94151 E 94151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 E. Randall St. 23-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Edward Caltrider

(a) Residence: No. 13 E. Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edie E. Caltrider

6. DATE OF BIRTH (month, day, year) Nov. 14, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year) Sept. 26 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Hampston. (State or country) Carroll Co., Md.

FATHER

13. NAME Augustus Caltrider

14. BIRTHPLACE (city or town) Hampston (State or country)

MOTHER

15. MAIDEN NAME Ruth Richards

16. BIRTHPLACE (city or town) Hampston (State or country)

17. INFORMANT Mrs. Edie E. Caltrider
(Address) 13 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Oct. 7, 1933

19. UNDERTAKER A. Howard Evans
(Address) 34 E. Lafayette Ave. Baltimore, Md.

20. FILED OCT 6 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 1933, to Oct 5th 1933
I last saw h.. alive on Oct. 5 1933. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9/26/33

Other contributory causes of importance:

Chr. Nephritis	
Hypertension	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Hall Rees M. D.

(Address) 1 E. Randall St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 94152 E 94152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Louise Childs

(a) Residence: No. 207 Venable ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. W^m C. Childs

6. DATE OF BIRTH (month, day, year) August 26, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME W^m W^m Lent

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Griffith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Range Date Oct. 7 1933

19. UNDERTAKER Harry H. Writzke

(Address) 4101 Edmondson Ave

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-3- 1933, to 10-4- 1933

I last saw her alive on 10-4- 1933 Death is said to have occurred on the date stated above, at 10.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease. Arteriosclerosis & hypertension	

Other contributory causes of importance:

Uremia	10-2-33

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—200 Blks.

E 94153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94153

V 46

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital St. 2-61 WARD)

2 FULL NAME Mrs. Mary Egan

(a) RESIDENCE NO. 3806 Greenmount Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married

(or) WIFE of Mr. James Egan

6 DATE OF BIRTH (month, day, and year) 7-15-70

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62	2	72	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Daniel Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER M Hays

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mr James Egan 3806 Greenmount Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-5-33

17

I HEREBY CERTIFY, That I attended deceased from 8-19-33, 19 , to 10-5-33, 19

that I last saw her alive on 10-5-33, 19

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

Cancer of Colon

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert W Allison M. D.

. 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Oct 7 19 33

20 UNDERTAKER Mary W Wadsfeck

ADDRESS 501 E. 22nd St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9 E 94154

E 94154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Griffin

(a) Residence: No. 532 Wyanoke Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Griffin

6. DATE OF BIRTH (month, day, year) July 14, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Repairer

10. Date deceased last worked at this occupation (month, day, year) 8 yrs Relief

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Paul Griffin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME May Gallibe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mass Cathedral Date Oct 9. 1933

19. UNDERTAKER Milton Schilling
(Address) 1122 E. Monument Street

20. FILED OCT 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933 to Oct 5, 1933
I last saw him alive on Oct 5, 1933 Death is said to have occurred on the date stated above, at 8 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aneurysm of Aorta	11 days
Hypertensive + Arteriosclerotic	
Cardiovascular Disease	over 4 yrs.
Other contributory causes of importance:	
Chronic Arteriolar Nephritis	? over

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. A. Burns M. D.
(Address) Mercy Hospital

Information should be carefully supplied. Any blank must be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

OCT 9 1933

M. D. B. 1264 E 94155

E 94155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 528 McKean Av. St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Levi Ransome Slade.

(a) Residence: No. 528 McKean Av. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1828

7. AGE Years 33 | Months | Days | If LESS than 1 day, ... hrs. ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Levi Slade

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Milton L. Hellman (Address) 1561 N. Fulton Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery. Date Oct. 7- 1933

19. UNDERTAKER Charles J. Schwab (Address) 215 N. Monroe St.

20. FILED OCT 8 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leuck Coroner, M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 94156

CERTIFICATE OF DEATH

50 VE 94156

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Linden Avenue St. 14-21 Ward)

Length of residence in city or town where death occurred 3 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Viola V. Dickinson

(a) Residence: No. 2011 Linden Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Dickinson

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kingston
(State or country) New York

FATHER

13. NAME George Valletta

14. BIRTHPLACE (city or town) ----------
(State or country) New York

MOTHER

15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (city or town) ----------
(State or country) New York

17. INFORMANT Mrs. Florence D. Watkins
(Address) 2011 Linden Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 10/7 1933

19. UNDERTAKER Henry U. Meares & Son
(Address) 805 N. Eutaw St.

20. FILED OCT 11 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20 - 1931 to Oct. 5 - 1933

I last saw her alive on Oct 5 - 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, left breast	Nov. 1931
Metastasis to femur, and probably sacrum	about May 1933

Other contributory causes of importance:

Name of operation Refused. X-Ray & Radium Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Somerville Rienner, M. D.

(Address) 2125 Maryland Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Form No. 3

Spec.—9-30—A. & Co.—250 Blks.

94157 HEALTH DEPARTMENT—CITY OF BALTIMORE 94157

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Orleans St. 6-01 St. WARD)

2. FULL NAME Walter Edmond Patterson

(a) RESIDENCE No. 1717 Orleans St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	col	married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Henrietta Patterson

6 DATE OF BIRTH (month, day, and year) 10/31/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Fairmount.
(State or country) Somerset Co. Md

PARENTS

10 NAME OF FATHER Isiah Patterson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) UNKNOWN

12 MAIDEN NAME OF MOTHER UNKNOWN

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) UNKNOWN

14 Informant (Address) Henrietta Patterson 1717 Orleans St.

15 Filed OCT 7 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4/33

17 I HEREBY CERTIFY, That I attended deceased from July 14th, 19 33, to Oct. 4th, 19 33
that I last saw h[illegible] alive on Oct. 4th, 19 33
and that death occurred, on the date stated above, at 5:00 P. M.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis. chr. myocarditis
(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) [signature] M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. DATE OF BURIAL: Oct 7 19 33

20 UNDERTAKER: Mrs R. A. Elliott ADDRESS 1129 N. Caroline St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

94158 E 94158

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Gwynn Oak Ave 8th Ward)

Length of residence in city or town where death occurred 63 yrs. 3 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edmund Edward Colton

(a) Residence: No. 4809 Gwynn Oak Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] of Carmina Illoulerdo

6. DATE OF BIRTH (month, day, year) June 13 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own work

10. Date deceased last worked at this occupation (month and year) July 6 1933

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Edward Colton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lavinia Kaufmann

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Klaus S. Colton
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Oct 7th 1933

19. UNDERTAKER George Schilling & Sons
(Address) Gwynn Oak & Edmondson Ave

20. FILED OCT 7 1933 Registrar. GRG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to Oct 5, 1933

Last saw him alive on Oct 4 1933 Death is said to have occurred on the date stated above, at 2:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edmund Myocarditis	
Edmund Bronchitis	1 yrs
Other contributory causes of importance:	
Arteriosclerosis	3 yrs

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H J Gamy M. D.

(Address) 6 W. Madison

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 94159 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94159

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 3817 Barrington Road St., 15-01 Ward)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Frank

(a) Residence: No. 3817 Barrington Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Frank

6. DATE OF BIRTH (month, day, year) May 7, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Stein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Family History
(Address) 3817 Barrington Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Met Cem Date Oct. 8 1933

19. UNDERTAKER Lloyd Appold Sons & Son
(Address) 1902 Eutaw Place

20. FILED OCT 7 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 1926 ... to Oct 6, 1933

I last saw him alive on Oct 5, 1933 Death is said to have occurred on the date stated above, at 3.20 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1933
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirms diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) Isidor D Fry M. D.

(Address) 2324 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. (1). B. 1944-9

E 94160

E 94160

297513 Red.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Clark

(a) Residence: No. 1230 Johnson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Sept 30, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			4 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Tavis Clark

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Corrine Humphrey

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 7 1933

19. UNDERTAKER John H Queen
(Address) 528 Dulaney

20. FILED OCT 7 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1933 to Oct 6, 1933.

I last saw her alive on Oct 6, 1933. Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scleroedema	10/5/33
determined to	10/4/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Thomas S Hecht M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1933-9

E 94161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94161

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S. Payson St. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Morrissett.

(a) Residence: No. 328 S. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Charles H. Morrissett.

6. DATE OF BIRTH (month, day, year) February 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hugh Dunlap.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Jane -------

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Hendrickson. (daughter)
(Address) 644 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Cem. Date 10/7 1933

19. UNDERTAKER H. H. Mitch
(Address) 401 E. Monroe St. Huntington, W. Va.

20. FILED OCT 7 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt Coroner M. D.

10/4/33 Address 1017 E. Charles St.

STATE CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

E 94162

M. H. R. 2284

E 94162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Giuseppe Piera (or Petro)

(a) Residence: No. Inmate St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Grinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Piera

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mount Hope Date Oct 7, 1933

19. UNDERTAKER John J. Fogarty & Son (Address) 1138 Light St

Huntington Wallace, M.D. Registrar.

20. FILED OCT 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932 to Oct 2, 1933

I last saw him alive on Oct 2, 1933 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magee, M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1933

E 94163

✓ E 94163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Aisquith St 10-ch Ward)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline M Lint

(a) Residence: No. 908 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lint

6. DATE OF BIRTH (month, day, year) Jul 15 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christian Hackel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Koerber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs C H Zimmerman

(Address) 908 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Am Date Oct 9 1933

19. UNDERTAKER John Leerich

(Address) 200 E Orleans St

FILED OCT 7 1933 H. Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Oct 6 1933

I last saw h.e.r. alive on Oct 5 1933. Death is said to have occurred on the date stated above, at 7.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
mitral insufficiency	
Hypertension "	14 yrs
Other contributory causes of importance:	
Arteriosclerosis	5 yrs

Name of operation None Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas J Keller M. D.

(Address) 222 N. Bond St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 91-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N Caroline St., 7-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Marjorie Wilson

(a) Residence: No. 609 N. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
15	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Chas Wilson

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Mary Haymaw

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Ida Epps (Aunt)
(Address) 609 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 10-8th 1933

19. UNDERTAKER Bryant Morris & Hughes
(Address) 2118 Mc Elderry St

20. FILED OCT 7 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1933, to Oct 5, 1933

I last saw her alive on Oct 5, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis (streptococcus Viridans)	Aug 13 1933
Other contributory causes of importance: Embolism of Cerebral Vessel	Aug 13 1933

Name of operation None Date of

What test confirmed diagnosis? Physical + Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 Monument St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

X-63

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94165 E 94165

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Kathryn Bromwell

(a) Residence: No. 601 North Castle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel Bromwell

6. DATE OF BIRTH (month, day, year) Dec 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
	44	11		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Louis Colder
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Anna Burns
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nathaniel Bromwell
(Address) 601 N Castle St

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Date Oct 9th 1933

19. UNDERTAKER Geo. M. Fair & Son
(Address) 811 Park Ave

20. FILED OCT 7 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1933 to October 6, 1933
I last saw her alive on October 6 1933 death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertrophic obliterating arteritis of lues. (Hands & arms.) (Non-alcoholic)	
2. Obstinate gangrene	
Other contributory causes of importance:	
1) Cholelithiasis	
2) Leucemia (? Melanaemia)	

Name of operation none Date of ...
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 34166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 34166

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Hontz

(a) Residence: No. ..... Walkersville St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-1-29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Caswell Hontz

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Edna Rice

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Oct 9 1933

19. UNDERTAKER G. W. Wright

(Address) Walkersville

20. FILED 7 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1933 to Oct 7, 1933

I last saw him alive on Oct 7, 1933. Death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (?), abdominal	?
Other contributory causes of importance:	
Intestinal obstruction	10 days

Name of operation ..... Date of Oct 2

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Marion L. Hedley M. D.

(Address) Johns Hopkins Hospital

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94167 E 94167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hosp. St. 7-07 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 82 1 18

2. FULL NAME Louis Bircher
(a) Residence: No. Lutherville Md Ward. Lutherville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Esther M. Belcher
6. DATE OF BIRTH (month, day, year): Aug-19-1851
7. AGE: Years 82 | Months 1 | Days 1718 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Harford Co. Maryland

FATHER
13. NAME: Samuel E. Belcher
14. BIRTHPLACE (city or town) (State or country): St. Louis Missouri

MOTHER
15. MAIDEN NAME: Elizabeth Foshay
16. BIRTHPLACE (city or town) (State or country): Assining New York

17. INFORMANT: Mrs Geo Stuart (daughter)
(Address): Lutherville Md

18. BURIAL, CREMATION, OR REMOVAL.
Place Assining Mt Date Oct 8 1933

19. UNDERTAKER: Stabler Mortuary Co.
(Address): 1531 Orleans

20. FILED: Oct 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1933 to Oct. 6 1933
I last saw him alive on Oct 6 1933 Death is said to have occurred on the date stated above, at 7.02 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Bronchopneumonia	

Other contributory causes of importance:
Benign Prostatic Hypertrophy
Arteriosclerosis (Cardiac)
Arteriosclerosis Renal Disease

Name of operation: Rectal Prostatectomy Date of 9-5-33
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) David Stanford Chapman M. D.
(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268 E 94168 E 94168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 13-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 S. Kenwood ave St. 1-01 Ward)

Registered No. 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME Victoria Sajdak

(a) Residence: No. 1003 S. Kenwood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT George Sajdak
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Oct. 10 1933

19. UNDERTAKER Stephen D. Fialkowski Inc
(Address) 1000 S. Kenwood ave

20. FILED ... 19... Registrar.

OCT 7 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Oct. 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1933 to Oct 7 1933

I last saw h.er alive on Oct 6 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery Bacillary	9/28/33
Other contributory causes of importance:	
Acute Myocarditis	10/6/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Vegetable Peeler

(Signed) Horace B. Tiffany M. D.

(Address) 815 S. Highland Ave

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A E 94169 E 94169

27590 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Kennah

(a) Residence: No. 823 N Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hospital Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ORD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Edmund Christian

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sally Ann Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date 10-5 1933

19. UNDERTAKER Jas. M. O'Rourke

(Address) 1603 E. Mad St

20. FILED OCT 5 1933 Huntington Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933, to Oct 4, 1933

I last saw her alive on Oct 4, 1933 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor ? carcinoma of 2nd portion of Duodenum	July 33
Anemia, secondary	July
Purpura	Oct. 2

Other contributory causes of importance:

[illegible] Hemorrhage from GI Tract. Transfusion Reaction	Oct 1st
Jaundice	ca Aug 1.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Henry D. Stebbins, M. D.

(Address) Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5-3

M. D. H. 1268-9 E 94170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94170

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Broadway St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie Catherine Hall

(a) Residence: No. 419 N. Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Erasmus Hall

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co., Va.

FATHER

13. NAME Samuel Hinman

14. BIRTHPLACE (city or town) (State or country) Accomac Co., Va

MOTHER

15. MAIDEN NAME Mary Marson

16. BIRTHPLACE (city or town) (State or country) Accomac Co., Md.

17. INFORMANT Mr. Henderson
(Address) 419 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Accomac City Md. Date Oct 8 19 33

19. UNDERTAKER Hughes & Jones Inc
(Address) 421 W Fayette St Baltimore, Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	

Other contributory causes of importance:

Carcinoma Rt breast with Metastasses

Name of operation Exterpation Date of Apr/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) D S F Bacon for Ethan Coroner M. D.
(Address) ...

THE CAUSE OF DEATH in each case must be stated, even though it be only a symptom or mode of dying. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94171

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94171

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland St., 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Nathan Lewis

(a) Residence: No. 1901 W North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sally Lewis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mendel Lewis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kirkman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr Jacob N. Lewis

(Address) 1901 N. North ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date 10/8/33 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E Baltimore St

20. FILED OCT 9 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1933, to Oct. 7, 1933

I last saw him alive on Oct 7, 1933. Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of:	
Gall Bladder	July 1933
Liver	-
Pancreas	
Other contributory causes of importance:	
Pulmonary Edema	10/7/33
Cardiac Failure	10/7/33
Pneumonia	10/7/33

Name of operation Underwood ostomy + Tapotomy Date of 8/31/33 9/25/33

What test confirmed diagnosis? Path report Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark E. Dann M. D.

(Address) Sinai Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53

M. D. B. 1268-B

E 94172 E 94172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 N. Smallwood St. 15-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Louise Longstreth

(a) Residence: No. 1541 N. Smallwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Rosa Millinar

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Louis Longstreth
(Address) 1541 N. Smallwood

18. BURIAL, CREMATION, OR REMOVAL
Place Nash Rd Date 10-8-33 19....

19. UNDERTAKER Curt Lewis Lee
(Address) 1541 N. Smallwood

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933 to Oct. 5, 1933

I last saw h[illegible] alive on Oct. 2, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chest. Metastatic sarcoma Lungs. Thirteen years after amputation thigh for spindle cell sarcoma upper third leg.	16 y. a.
Other contributory causes of importance:	

Name of operation Amp. Thigh 13 y. a. Date of .....

What test confirmed diagnosis? Microscopic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Clarence Cohn M. D.

(Address) 3301 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1283-9

94173

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94173

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital (Tb.)

CITY OF BALTIMORE: (No. ..... St., 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Ford

(a) Residence: No. No home 2705 Classon Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Ford

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Ford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 9th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1933, to Oct. 6, 1933

I last saw h... in alive on Oct. 6, 1933 Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 23 3

E 34174 Baxter E 34174

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital Registered No. 1776

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-01 St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Baxter

(a) Residence: No. 1810 Poplar Grove St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of WIFE William Baxter

6. DATE OF BIRTH (month, day, year) 12/12/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ferdinand Bowers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adelina Winkler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient himself

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 9 1933

19. UNDERTAKER F B Wagner

(Address) 1800 W Baltimore St

20. FILED OCT 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/28/33 to 10/6/33 19..... I last saw h.. alive on 10/6/33 19..... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis	8 yrs
Cholelithiasis	
Examples:	
The principal cause of de	
causes of importance were as f	
Chronic interstitial nephritis	
Cerebral hemorrhage	

Other contributory causes of importance: Hypertension Summer 3 yrs

Name of operation Cholecystectomy Date of 9/30/33

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) state the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond F. Hilpert M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

Information called for on both sides of this certificate is necessary. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 94175

M. D. B. 1268-9 E 94175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 101

Registered No. .....

1. PLACE OF DEATH University Hospital 11-01

CITY OF BALTIMORE: (No. 433 Orchard St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Josephine Nolan

(a) Residence: No. 433 Orchard St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Nolan

6. DATE OF BIRTH (month, day, year) May 7 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jack Brady

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Priscilla Turner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma Hemrick

(Address) 433 Orchard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/8/33

19. UNDERTAKER Wm. George H. Kemp

(Address) 1611 Pennsylvania Ave

20. FILED 10/8/33 Thurlington Wise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5/1933

22. I HEREBY CERTIFY, That I attended deceased from 10/3/33 to 10/5/33

I last saw her alive on 10/5/33. Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic adenitis of neck & Colloid goiter & general glandular enlargement	May '33
Other contributory causes of importance: Heart & degenerative failure	10/5/33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ....

(Signed) [illegible] M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. See instructions on back of certificate.

M. D. B. 126-30 E 94176

E 94176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Greenway Apts St., 12-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
62 4 23

2. FULL NAME Emily Jenkins Offutt

(a) Residence: No. Greenway Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thos. W. Offutt

6. DATE OF BIRTH (month, day, year) May-14-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Dr. John Jenkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Nancy Jenkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Milton Offutt (son)
(Address) 22-W-10-St - My City.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 9 1933

19. UNDERTAKER Howard Conrad Co.
(Address) 1058 Druid Park Drive.

20. FILED OCT 9 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1932 to Oct 7 1933.

I last saw h.. alive on Oct 6 1933. Death is said to have occurred on the date stated above, at 5-10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Vulva	1929
Recto Vaginal Fistula	1930
Carcinoma of Lymph Glands	1931
Metastasis to Lungs	1933
Other contributory causes of importance:	
Death due to gradual exhaustion.	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Gibson Forbes M. D.

(Address) 4822 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 513

M. D. H. 1268-9 E 94177 ✓ E 94177

277337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 71-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Haroutune Caramanian

(a) Residence: No. Newark St., Ward. New Jersey

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sateniq

6. DATE OF BIRTH (month, day, year): 3-15-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0.0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Armenia

FATHER

13. NAME: (?) Caramanian

14. BIRTHPLACE (city or town) (State or country): Armenia

MOTHER

15. MAIDEN NAME: Hania Kurgian

16. BIRTHPLACE (city or town) (State or country): Armenia

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Hollywood Cem. Date Oct 9. 1933

19. UNDERTAKER: Philip Henrig Sons

(Address) 2016 Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1933 to Oct 6, 1933

I last saw him alive on Oct 6, 1933. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial failure	Oct 1932
Pulmonary infarctions & pneumonia	Sept 1933
Uremia	Oct 1933

Other contributory causes of importance:

Pernicious Anaemia	1926

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R Burnickel Tellyhman, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 5 3

C 1933

M. D. B. 1218-9 E 94178 ✓ E 94178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5717 Harford Rd (Ward) 27-61

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Ross Sullivan

(a) Residence: No. 5717 Harford Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J Sullivan

6. DATE OF BIRTH (month, day, and year) July 17 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Ross

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta McMahon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William J Sullivan

(Address) 5706 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Spring Hill Cemetery Oct 9 1933

19. UNDERTAKER John C. Mayfield & Son

(Address) 1901 Eutaw Place

FILED OCT 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1933

22. I HEREBY CERTIFY That I attended deceased from Oct 21 1933 to Oct 6 1933

I last saw h.. alive on Oct 5 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Bronchitis — Date of onset 9/30/33

Other contributory causes of importance:

Acute Pulmonary Edema — 10/5/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.

(Address) 711 W. Mount Royal Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1[illegible] E 94179 ✓ E 94179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Church Home + Infirmary

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. 12-01 (Ward)

Length of residence in city or town where death occurred 23 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Henrietta McComas

(a) Residence: No. 224 W. Lafayette St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary to

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Christ Church

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Fred. W. McComas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda P. Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Fred. W. McComas
(Address) 224 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 8. 33 19

19. UNDERTAKER John O. Mitchell & Bro
(Address) 1900 Eutaw Place

20. FILED Oct 9 1933 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 11 AM Oct 6, 1933 to 11.05 PM Oct 6 1933

I last saw her alive on Oct 6, 1933 Death is said to have occurred on the date stated above, at 11.05 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	10/1/33
Multiple cerebral emboli	

Other contributory causes of importance:

Chronic myocarditis	1913

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Fergus H. Tudor M. D.
(Address) Church Home & Inf.

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 12688 E 94180 ✓ E 94180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Park Heights St. 15-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hoffman

(a) Residence: No. 4207 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hoffman

6. DATE OF BIRTH (month, day, year) About 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) About Dec. 1923

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Haigley

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Weigel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Regina Lubs

(Address) 4209 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/7 1933

19. UNDERTAKER Herman Lemmon

(Address) 4401 Park Heights

FILED OCT 3 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/30, 1933 to 10/6, 1933

I last saw her alive on 10/6, 1933. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	9/30/33
Other contributory causes of importance:	
Arteriosclerosis, cardio vascular renal disease	10 yrs.

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Sokansky M. D.

(Address) 8425 E. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6 E 94181

E 94181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 W. Lafayette St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Julius Johnson

(a) Residence: No. 513 W Lafayette St St., Ward. —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~10/5/33~~ 10/5/33

7. AGE	Years	Months	Days	If LESS than 1 day 10 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leonard Alfred Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Cassie Mae Grayson

16. BIRTHPLACE (city or town) (State or country) Trenton, N. J.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 6 . 19 33

19. UNDERTAKER
(Address)

20. FILED Oct 9 1933 [illegible] Registrar

OCT - 9 1933 089

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/5/33 . 19 . to 10/5/33 . 19

I last saw h. m. alive on 10/5/33 . 19 . Death is said to have occurred on the date stated above, at 3 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostate bulb Melastasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. Lewis Young M. D.

(Address) 1100 Cathedral St

Information Should be carefully supplied. Avoid abbreviations. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 94182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94182

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Virginia Haag

(a) Residence: No. Manassas Va St., Ward. RFD #4 Box 28 (Usual place of abode) 3941 Tramwell Ave Detroit Michigan (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jack Haag

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 20 or 30 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Prince William Co Va

FATHER

13. NAME Phillip M. Cole

14. BIRTHPLACE (city or town) (State or country) Prince William Co Va

MOTHER

15. MAIDEN NAME Margaret O. Holmes

16. BIRTHPLACE (city or town) (State or country) Prince William Co Va

17. INFORMANT Phillip M. Cole

(Address) RFD 4, Box 28 Manassas Va

18. BURIAL, CREMATION, OR REMOVAL

Place Manassas Va Date 10/8/33 19

19. UNDERTAKER Harry F. Witzke

(Address) 1101 Edmondson Ave

20. FILED OCT 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ongoing 19 to 19

I last saw h alive on ongoing 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Pelvis	
Internal Injuries.	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/7 1933

Where did injury occur? Route #32 nr Tyrone, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Bus in which she was riding

Nature of Injury Cut & bruised head

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Adams M. D. Coroner

(Address) 2200 E Madison St

STATE CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126[illegible] E 94183

E 94183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2118 Bolton St. 13-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oliver B. Magruder

(a) Residence: No. 2118 Bolton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sarah E Magruder

6. DATE OF BIRTH (month, day, year) April 19 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Oliver B Magruder

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Crowley

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Oliver B. Magruder

(Address) Randallstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Oct 7. 1933

19. UNDERTAKER Josiah Lyter

(Address) 100 W. North Ave

20. FILED [illegible] 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7. 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to October 7. 1933

I last saw him alive on October 6 1933. Death is said to have occurred on the date stated above, at 4:00 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	10/6/33
Chronic Myocarditis about	1932
~~Chronic Nephritis~~	
Chronic Nephritis with oedema	1933

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice E. Shamer M. D.

(Address) 3300 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L E 94181

✓ ME 94184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital ST. 27-64 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milford W. Eckman

(a) RESIDENCE No. 4905 York Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? --- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Merryman

6 DATE OF BIRTH (month, day, and year) June 26, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer) Western Maryland
(c) Name of employer Railroad

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER Jacob Eckman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Marsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Elizabeth M. Eckman

(Address) 4905 York Road

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Comp. Fracture of Skull

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? York Rd in Rossiter Ave

Did an operation precede death? No Date of -

Was there an autopsy? No. He was struck by an auto while walking across

What test confirmed diagnosis? [illegible]

(Signed) Joseph Toporny, M. D. Coroner

19 (Address) 2200 E Madison St 10/9/33

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury M. E. Cemetery

DATE OF BURIAL 10/9 1933

ADDRESS

20 UNDERTAKER Henry U. Mears & Son 705 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 9 1933

M. D. B. 1268 ● E 94185 HOEHN ✓ E 94185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-001

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No.) St., 28-01 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Hilda M. Hoehn

(a) Residence: No. 5009 Gwynndale Ave. Ward Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Hoehn

6. DATE OF BIRTH (month, day, year): March 31-1903

7. AGE: Years 30 | Months 6 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Charles James Turner
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Elizabeth Blanche Maynard
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: William Hoehn
(Address): 5009 Gwynndale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Oct. 9. 1933

19. UNDERTAKER: Horace F. Burgee
(Address): 3631 Falls Road

20. FILED 19 Registrar.

OCT 6 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): October 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 23, 1933 to October 5 1933
I last saw her alive on October 5 1933 Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Uremia.	
Other contributory causes of importance:	
Nephritis Toxemia.	
Eclampsia.	

Name of operation: Caesarean Section Date of: 9/24/33

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John H. Lazenby M. D.

(Address) W B & A.

Information should be carefully supplied. AGE should be STATED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a E 94186 ✓ E 94186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 W. Saratoga St. 20-A (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ann M. Brady,

(a) Residence: No. 1815 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Brady.

6. DATE OF BIRTH (month, day, year) April 23. 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William O. Hinton,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma C. Church,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs J Brady
(Address) 1815 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date OCT 10 1933, 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED OCT 9 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 7 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Oct. 7, 1933

I last saw her alive on Oct 6 1933 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilation	2 hrs.
Chronic myocarditis & hypertension -	3 yrs.
Nervous exhaustion	1 yr.
Diabetes Mellitus.	8 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Andrew C. Calas M. D.

(Address) 47 N. Fulton Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A E 94187 ✓ E 94187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Chester Street St., 1-01 Ward)

Length of residence in city or town where death occurred Life 50 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Meredith

(a) Residence: No. 405 S. Chester Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary Meredith

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centreville Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. John W. Meredith
(Address) 405 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Oct 10. 1933

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED Oct 10 1933 Registrar.

C1-81333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931 to Oct 6, 1933

I last saw h alive on Oct 2, 1933. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	July 31
Cardiovascular	
disease	

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Ken Lee M. D.

(Address) 1937 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94188 ✓ E 94188

27383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 82-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-Cd (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth McClure Speidel

(a) Residence: No. Jolbetty Farm Elm Grove St., Ward. Wheeling W. Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Speidel

6. DATE OF BIRTH (month, day, year) 7-5-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME B S McClure

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Jane Stamp

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Wheeling W. Va Date Oct. 8, 1933

19. UNDERTAKER Wm. Hickey & Sons

(Address) Funeral Directors

20. FILED

Registrar.

OCT 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct- 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Oct- 8, 1933

I last saw her alive on Oct- 8, 1933. Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1927
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268

E 94189

E 94189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 E. Monastery Ave 20-01 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Sweeney

(a) Residence: No. 111 E. Monastery Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Patrick Sweeney

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Felix McTeg

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John F. Hall

(Address) 1233 Durst St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross M.E. Oct 10 1933

19. UNDERTAKER Wm Cook

(Address) 121 S Paul St

FILED OCT 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7th 1933

22. I HEREBY CERTIFY, That I attended, deceased from January 3rd 1932 to Oct 7 1933

I last saw h[illegible] alive on Oct 7 1933 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	6 mos
Other contributory causes of importance: Chronic Interstitial Nephritis	1 yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Wolfe M. D.

(Address) 1279 Milliam St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94190

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94190

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Walston

(a) Residence: No. 1813 E. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Walston

6. DATE OF BIRTH (month, day, year) June 21, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5 3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Bay Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmount Md

FATHER

13. NAME Wm Walston

14. BIRTHPLACE (city or town) (State or country) Fairmount Md

MOTHER

15. MAIDEN NAME Louise Ford

16. BIRTHPLACE (city or town) (State or country) Fairmount Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 11 1933

19. UNDERTAKER Wm Cook (Address) 1217 E. Baltimore St.

20. FILED 19 Registrar.

OCT 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1933 to October 8 1933

I last saw him alive on Oct. 8 1933 Death is said to have occurred on the date stated above, at 8 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage, right	11 da
Arteriosclerosis, Senile	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Bernard M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 94191

E 94191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 N. Eden St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Dietz

(a) Residence: No. 1436 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Dietz

6. DATE OF BIRTH (month, day, year) Jan 27 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME — Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Dietz

(Address) 1436 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Oct 9 1933

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Pennsylvania Ave.

20. FILED OCT - 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1932 to Oct 6 1933

I last saw h.. alive on Oct 5 1933 Death is said to have occurred on the date stated above, at 6 48 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Paralysis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Jacob Frank M. D.

(Address) 1633 Eden St.

Y-5 3

Information asked for on this certificate is necessary for the registration of vital statistics. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94192 E 94192

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 S. Paca St. 21-01 Ward)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry William Smith

(a) Residence: No. 929 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~October 1~~ May 25 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —0—

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Alexander Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elana Neber.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elana Smith
(Address) 929 S Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date 10/10 33

19. UNDERTAKER Bernard C Harle.
(Address) ~~929 S Paca St~~ 1000 E Pratt St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 33

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1933 to Oct 8 1933

I last saw he alive on Oct 8 1933 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea, Vomiting, Convulsions	Oct 5, '33
Other contributory causes of importance: Malnutrition	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lancaster L. Lyon M. D.

(Address) University Hospital

Information should be entered by undertaker, if possible. Write plainly. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

021

M. D. B. 1268-9

E 94193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94193

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Barron Jones

(a) Residence: No. 806 E 41st St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marian Hall

6. DATE OF BIRTH (month, day, year) May 19, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trunk Line Insp. Bureau

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lewis Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary E. Barron

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs Marian R. Jones

(Address) 806 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct. 10, 1933

19. UNDERTAKER J. M. Tuckuss & Sons

(Address) 1024 E. Preston

20. FILED Oct 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1933, to 10-7, 1933

I last saw him alive on 10-7, 1933 Death is said to have occurred on the date stated above, at 2:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
arteriosclerosis	

Other contributory causes of importance:

Congestive heart failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O 3

M. D. B. 1268-8

E 94194

E 94194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Oliver ave St. 27-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. Sipp

(a) Residence: No. 3008 Oliver ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy E. Sipp

6. DATE OF BIRTH (month, day, year) Nov. 1 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin smith 4th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ironclad mfg Co

10. Date deceased last worked at this occupation (month and year) 9/33

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Sipp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Sipp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothy E Sipp Wife.
(Address) 3008 Oliver

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct. 10, 1933

19. UNDERTAKER Wm J. Tuckner & Son
(Address) Park & Druid Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH. (month, day, year) Oct. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933, to Oct 7, 1933

I last saw h... alive on Oct 7, 1933 Death is said to have occurred on the date stated above, at 1.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Aug. 1930
Arterio Sclerosis Coronary Artery	

Other contributory causes of importance:

Name of operation No. Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Thos. F. Stevens, M. D.
(Address) 1878 Harford Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B. 1268-9 E 94195

E 94195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-61 (Ward)

Length of residence in city or town where death occurred 10 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Randolph Warren

(a) Residence: No. 1045 Brantley st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-4-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Atlanta
(State or country) Georgia

FATHER

13. NAME Anderson Warren

14. BIRTHPLACE (city or town) Atlanta
(State or country) Georgia

MOTHER

15. MAIDEN NAME Frances Cook

16. BIRTHPLACE (city or town) Atlanta
(State or country) Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Oct 10 1933

19. UNDERTAKER Chas H. Burkett
(Address) 522 Lanvale St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1933 to Oct. 6 1933

I last saw him alive on Oct. 6 1933 Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	
Tuberculous meningitis	Sept. 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

CV 8 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 94196

E 94196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma P Mumford

(a) Residence: No. 1121 S Paca St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — No

6. DATE OF BIRTH (month, day, year) March 28, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	Six	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William R Mumford

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Stella Seabrease

16. BIRTHPLACE (city or town) (State or country) St Denis Md

17. INFORMANT Wm. Mumford

(Address) 1121 S Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Oct 9 33 19

19. UNDERTAKER Bernard J Fenty

(Address) 189 Washington Blvd.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1933 19 ... to Oct 6 19 33

I last saw h[illegible] alive on Oct 6 19 33 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition, Diarrhea & vomiting	Sept 28, 33
Broncho Pneumonia	Oct 4, 33

Other contributory causes of importance:

Name of operation ... Autopsy ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel L Leopold M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. R. 1268-9

E 94197 Rochuck E 94197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Athol Sanatorium 28-03 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary E. Rochuck

(a) Residence: No. Chester Pa St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	85	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England (State or country)

FATHER

13. NAME Thos Rochuck

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Sarah Rochuck, England (State or country)

17. INFORMANT Mrs Clarence Rochuck

(Address) 410 E 21st St Chester Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Chester Pa Date Oct 9. 1933

19. UNDERTAKER John O. Mitchell & Son

(Address) 1911 Eastern Place Huntington W. Va.

20. FILED OCT 9 1933 Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1933 to Oct 8 1933

I last saw h alive on Oct 8 1933. Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanosis Heart Disease	
Pulmonary Edema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alfred J. Conway M. D.

(Address) Athol Sanatorium, Rea City

M. D. H. 1268-9

E 94198

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94198

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 Independence St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hipps

(a) Residence: No. 2924 Independence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Geo. G. Hipps

6. DATE OF BIRTH (month, day, year) July 4 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose Buckingham (Daughter)
(Address) 2924 Independence St

18. BURIAL, CREMATION, OR REMOVAL.
Place Trinity Cem. Date Oct 10. 1933

19. UNDERTAKER J. Sander Sons Inc
(Address) 1210 Pleet St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933 to Oct. 7, 1933

I last saw her alive on Oct 7, 1933 Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown

Other contributory causes of importance:

Myo-endo. carditis	Unknown
Chr. nephritis	Unknown
Gangrene rt. foot	1 week

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Geo. B. Sybert M. D.

(Address) 2802 Harford Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1288-0

E 94199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94199

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 S. Montford Ave. St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mollie Ruth

(a) Residence: No. 804 S. Montford Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Ruth

6. DATE OF BIRTH (month, day, year) Dec. 3, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
60	61	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frederick Herbich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Ruth

(Address) 804 S. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Oct. 9, 1933

19. UNDERTAKER HENRY SANDER & SON INC.

(Address) Broadway & Baltimore St.

20. FILED Oct 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1933 to Oct. 5 1933

I last saw her alive on Oct. 5 1933. Death is said to have occurred on the date stated above, at 8.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis from intestinal obstruction	Oct. 2 '33
Chronic Nephritis	Several years
Other contributory causes of importance:	
Arteriosclerosis	several years
Dementia	several months

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Jeffery, M. D.

(Address) 431 S. Patterson Park Ave.

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94200

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1301 Homewood ave St., 9th Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Eliz. Hopkins
(a) Residence: No. 1301 Homewood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 8, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Daniel Hopkins
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Susanna Feehan
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Daniel Hopkins
(Address) 1301 Homewood ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 11, 1933

19. UNDERTAKER John A. Magn
(Address) 3000 E. Balto St.

20. FILED ... Registrar.

OCT 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1933, to Oct. 7, 1933
I last saw h.er alive on Oct. 6, 1933. Death is said to have occurred on the date stated above, at 9.50 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum.	

Other contributory causes of importance:
Exhaustion.

Name of operation Excision of Carcinoma Date of 1st op. Sept 26

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) Wm J Johnston M. D.
(Address) 701 N. Fulton ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268-8

E 94201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94201

CERTIFICATE OF DEATH

97-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N Rose St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Agnes M. Baylos

(a) Residence: No. 714 N Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Baylos

6. DATE OF BIRTH (month, day, year) March 26 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

FATHER

13. NAME John Volanyfei

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

15. MAIDEN NAME Mary Hanke

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Mary Baylos (Address) 714 N Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 10 1933

19. UNDERTAKER Martin H. E. Dippel Inc (Address) 32 S Ann St

20. FILED Oct 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased, from Sept 25 1933 to Oct 6 1933

I last saw h alive on Oct 6 1933 Death is said to have occurred on the date stated above, at 7 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Cancer Status	Sept
Pneumonia	Oct 33
Bronchopneumonia	
Other contributory causes of importance:	
Acute Cardiac Dilatation	Oct

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 10 E Read St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 94202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94202

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 N. Fulton Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Regina Bergen Caplan

(a) Residence: No. 1908 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ------- Caplan

6. DATE OF BIRTH (month, day, year) June 10, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME David Bergen

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Emma Greenbaum

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Paul Davidson
(Address) 2401 Brookfield Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Cem. Date Oct. 9, 1933

19. UNDERTAKER Hoyt Goodman & Son
(Address) 1902 Eutaw Place.

20. FILED OCT 9 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1/33, 19.. to Oct 7/33, 19..

I last saw her alive on Oct 7/33, 19.. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	?
Other contributory causes of importance: Secondary Anemia	about July 1/33

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in ~~industry~~, in home, or in public place

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dubbs M. D.

(Address) 2220 Garrison Bldv.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 94203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94203

CERTIFICATE OF DEATH

V 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 Clifton Ave., St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Robinson

(a) Residence: No. 1832 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Robinson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morton Levy

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie Innie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Solomon Robinson (Husband)
(Address) 1832 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Southern Cem. Date 10-9-, 1933

19. UNDERTAKER Jack Kevis, Inc.
(Address) 1429 E. Balto. St.

20. FILED 19 Registrar

OCT 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1933, to Oct. 8, 1933.

I last saw her alive on Oct. 2, 1933. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Myocarditis and cerebral Hemorrhage.	

Other contributory causes of importance:

Myocardial Insuff.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan Hilgartner M. D.
(Address) 2351 Entaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

M. D. B. 1368-9 E 94204 E 94204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V. 183

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Harbor - East Falls Apts St. (Ward) 11 Pratt St (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Oliver

(a) Residence: No. 943 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10 - 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md

FATHER

13. NAME Simon Bowdin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emmalina Oliver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emmalina Oliver
(Address) 943 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Oct 9 . 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave.

20. FILED OCT 9 1933 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Drowning

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ... . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Talbot M. D.
Coroner

(Address) 2739 Eastern Ave

State CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94205

E 94205

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 W. Lexington St., 19-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie L. Johnson,

6a) Residence: No. 1423 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Johnson,

6. DATE OF BIRTH (month, day, year) June 20, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4 3	12 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 61-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C

FATHER

13. NAME John Ponam

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Olivia Wheeler,

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Mrs E Gutterman
(Address) 1818 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL OCT 9-1933
Place London Park Date 19

19. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave

20. FILED OCT 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 8 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933 to Oct 8, 1933

I last saw her alive on Oct. 8, 1933 Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	

Other contributory causes of importance:

Aortic Insufficiency

Name of operation ..... Date of 20

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John D. Pole M. D.

(Address) 1306 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94206

CERTIFICATE OF DEATH

E 94206
82-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE (Spec) President Hosp. St. 17-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zollie McGee

1a) Residence: No. 512 St Mary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dora.

6. DATE OF BIRTH (month, day, year) Mar. - 1888

7. AGE Years 45 | Months 7 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Griffin Ga

FATHER
13. NAME Nicholas
14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER
15. MAIDEN NAME Mathews
16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Dora McGee
(Address) 512 St Mary

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 9 1933

19. UNDERTAKER Mrs Ruth A. Elliott
(Address) 1129 N Caroline St

20. FILED OCT 9 1933 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Stroke	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. E. Luck M. D.
Coroner
(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 8-H 250B

E 94207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 94207

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 W. Pratt St. 19-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Holwitter

(a) Residence: No. 1819 W. Pratt St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Holwitter

6. DATE OF BIRTH (month, day, year) Dec. 10-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Rittling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rukenbrod

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles L. Shipkind
(Address) 1819 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 9, 1933

19. UNDERTAKER George L. Schnaar
(Address) 701 Cathedral

20. FILED ....., 19.... ..... Registrar.

OCT 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1933 to Oct. 6, 1933

I last saw her alive on Oct. 6, 1933 death is said to have occurred on the date stated above, at 9 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	9-30-33
Other contributory causes of importance: Auricular fibrillation	Oct. 1, 1933
Chronic interstitial nephritis	

Name of operation None Date of —

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Schreiber, M. D.
(Address) 54 S. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94208 ✓ E 94208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 E. Montgomery St. 12-01 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob H. Tucker

(a) Residence: No. 212 E. Montgomery St. 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 6 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herman H. Tucker

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Charlotte White

16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

17. INFORMANT Emma Tate Thorpe
(Address) 212 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon, Ark. Date 10/10 ..... 19 33

19. UNDERTAKER Joseph Sofer
(Address) 1610 Mon

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Oct 8 1933

I last saw him alive on Oct 3, 1933 Death is said to have occurred on the date stated above, at 6A m..

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cardiac Thrombosis	9/33
Other contributory causes of importance: Senile Myocarditis	1931
Arteriosclerosis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Hawkins M. D.

(Address) 6 Randall St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1273-9 E 34209 ✓ E 34209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 N. Fulton Ave St. 15-21 Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Edward Beatty

(a) Residence: No. 1332 N. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Beatty

6. DATE OF BIRTH (month, day, year) June 13 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PRetzel Mfgr.

10. Date deceased last worked at this occupation (month and year) Sept 1931

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James L. Beatty

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ellen Hoy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hilda Raab
(Address) 1332 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 10, 19 33

19. UNDERTAKER J. B. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... Registrar. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 19 33 to Oct 8, 19 33

I last saw h.. alive on 10/8, 19 33 Death is said to have occurred on the date stated above, at 3.20 m. Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant tumor of Left Leg	Aug 1933
Other contributory causes of importance: Aortic cardiac dilatation	1 Year

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Louis Levin M. D.

(Address) 2030 Wilkens Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94210

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. 5-91 St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Chambers

(a) Residence: No. 513 N. Bethel st. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caesar Chambers

6. DATE OF BIRTH (month, day, year) March 11, 1909

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
24	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Moses L. Hale

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Maggie Brown

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/9/33 19

19. UNDERTAKER Robert E. Williams
(Address) 1515 Pennsylvania Ave

20. FILED OCT 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1933 to Oct. 3, 1933

I last saw her alive on Oct. 3, 1933 Death is said to have occurred on the date stated above, at 8.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1933
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

94211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94211

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Baer

(a) Residence: No. Glenarm Balto St., Co Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis F. Baer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary C. Clayton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Nellie Fowler

(Address) Govans Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cem. Date Oct 10, 1933

19. UNDERTAKER Clarence L. Cattus

(Address) Govans Md.

20. FILED ... 19 ... Registrar.

OCT 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933 to Oct 9, 1933

I last saw h... alive on Oct 9, 1933 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Insufficiency	
Other contributory causes of importance: Chronic Myocarditis Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) H A Werner ... M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 34212 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34212

CERTIFICATE OF DEATH

162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Pen Lucy St., 9-A Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus Frederick Dames 9742

(a) Residence: No. 800 Pen Lucy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Dames

6. DATE OF BIRTH (month, day, year) June 5 1836

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
97	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
none	none

12. BIRTHPLACE (city or town) Balto Co. (State or country) Maryland

FATHER

13. NAME William Dames

14. BIRTHPLACE (city or town) Balto Co. (State or country)

MOTHER

15. MAIDEN NAME Alice Brown

16. BIRTHPLACE (city or town) Balto Co. (State or country)

17. INFORMANT Mrs C. G. Dentry (daughter)
(Address) 800 Pen Lucy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug 10 1933

19. UNDERTAKER Stewart Memorial
(Address) 108 W. Mt. Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1933 to Oct 6 1933

I last saw him alive on Oct 6 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of Age	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ! If so, specify .....

(Signed) R. L. Kepler M. D.

(Address) Catonsville Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2269-C

E 94213 ✓ E 94213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Kirby Lane St. 16-01 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles O Daugherty

(a) Residence: No. 613 Kirby Lane St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 30, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna L Daugherty
(Address) 613 Kirby Lane

18. BURIAL, CREMATION, OR REMOVAL
Place National Mem Date Oct 9, 1933

19. UNDERTAKER J. Kenyon Keelyser
(Address) 1532 Baltimore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/15/33, 19... to 10/6/33, 19...

I last saw h... alive on 10/5/33, 19... Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Phthisis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Health Dept Tuberculosis Control Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bernard J. Terry M. D.

10/11/33 (Address) 910 W. Lombard

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 31 1933

M. D. B. 1268-9 E 94214

276956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94214

13-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Stachowiak

(a) Residence: No. 827 S. Milton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-2-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. — 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Adam Stachowiak

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME A Rathyczak

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. STANISLAUS CEM. Date Octo 10 1933

19. UNDERTAKER George A. Weber

(Address) 765 S Conkling street

20. FILED OCT 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 8 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept- 17 . 1933. to Oct 8 . 1933

I last saw him alive on Oct- 8 . 1933. Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a pyuria by Bacteria	9/17/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John P. Lowman Livingston M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

E 94215

M. D. B. 1268-3

E 94215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

27-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary St. ..... Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kelly, MRS. Emma L.

(a) Residence: No. 3016 Gibbons Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo E Kelly.

6. DATE OF BIRTH (month, day, year) Oct 4, 1881

7. AGE: Years 52 | Months — | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm F. Hackett

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Tacy Mrs Dorsel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Geo E Kelly

(Address) 3016 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem Date Oct 11, 33

19. UNDERTAKER John Allen Sr

(Address) 2 E Preston St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1933, to October 8, 1933

I last saw her alive on Oct. 8, 1933 Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction with Gangrene and Perforation — Date of onset 10/3/33

Peritonitis — 10/2/33

Other contributory causes of importance:

Name of operation 1. Cecostomy 10/6/33 2. Enterostomy Date of 10/7/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard L. Hoover, M. D.

(Address) Church Home + Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1200-A E 94216 ✓ E 94216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Vincent St. 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Lomot

(a) Residence: No. 9 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wh	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/6/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1 hr.	—	—	1 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME LeRoy Oden

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mattie Borton

16. BIRTHPLACE (city or town) (State or country) Heatonsville, S.C.

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 9 . 1933

19. UNDERTAKER
(Address)

20. FILED . 19 Registrar.

0901

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 . 1933 to Oct-6 . 1933

I last saw h.. alive on Oct. 6 . 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance: —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B. W. Donohue M. D.

(Address) University Hospital

INSTRUCTIONS: Please answer questions in full. Where exact information is not known, approximate answer is required. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 94217

E 94217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 47-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Webster Hazelton

(a) Residence: No. 506 Moore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 24 1900

7. AGE: Years 33 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Easton Shore Md

FATHER

13. NAME: James Hazelton

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Clara ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Records
(Address): Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: University of Md Date: Oct 9 19 33

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to Oct 7 1933

I last saw h[illegible] alive on Oct 7 1933 Death is said to have occurred on the date stated above, at 4-15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1 wk

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Nagel M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 94218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94218

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 25-01 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~William Lozaitis~~ Kasimeras Jedzewicz.

(a) Residence: No. 4620 Curtis Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Jedzewicz~~ Anna

6. DATE OF BIRTH (month, day, year) Aug 15- ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Peter ~~Jedzewicz~~

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross A.A.C. Date Oct. 10 1933

19. UNDERTAKER John Grebliauckas (Address) 423 S. Pace St.

20. FILED ... p. m. 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1933 to Oct. 7 1933

I last saw h~~im~~ alive on Oct 7 1933. Death is said to have occurred on the date stated above, at 10.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphoma, malignant	?

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Magnes M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

5-33553

M. D. P. 1263-9

✓ E 94219

HEALTH DEPARTMENT—CITY OF BALTIMORE

94219

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Baltimore City Hosp. St., 26-91 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Haas

(a) Residence: No. 1119 S. Bonsal St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Haas

6. DATE OF BIRTH (month, day, year) Dec. 5, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Haas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Maria Jeffrey

16. BIRTHPLACE (city or town) (State or country) a.a. co. Md.

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Oct 12. 1933

19. UNDERTAKER George W. Gribley

(Address) 1737 E. Eager St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Oct. 9 1933

I last saw him alive on Oct 9 1933 Death is said to have occurred on the date stated above, at 5-10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, tuberculous	1wk
Pulmonary tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phaneuf M. D.

(Address) Balt. City Hosp.

Filed Oct 12 1933

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94220

CERTIFICATE OF DEATH

149-002

Registered No. E 94220

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Patapsco Ave. St. 2-24-08 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta A. Wilson

(a) Residence: No. 1501 Webster St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond M. Wilson

6. DATE OF BIRTH (month, day, year) June 1 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Oscary Steinmetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mr. Raymond Wilson 1501 webster St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct 10. 1933

19. UNDERTAKER S. F. McCully

(Address) 130 E. Fort Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.7.33. 19

22. I HEREBY CERTIFY, That I attended deceased from March. 1933 to 10.7.33. 19..... 19.....

I last saw her alive on 10.7.33. 19 Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10.7.33

Other contributory causes of importance:

Patient

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Entry of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 94221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94221

CERTIFICATE OF DEATH.

86

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 Patapsco Av. (St.) 24-01 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Ray. M. Wilson & Augusta A. Steinitz

(a) RESIDENCE NO. 525 Patapsco Av. (Usual place of abode) ST., ... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10.7.33.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Ray. M. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Augusta A. Steinitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant O. B. Towler

(Address) .....

15 Filed ..... 1933 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10. 8. 33. 19

17 I HEREBY CERTIFY, That I attended deceased from 10.7.33 ..... 19 ..... to 10.8.33 ..... 19 .....

that I last saw her alive on 10. 8. 33. ..... 19 .....

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Post natal Convulsions

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 525 Patapsco Av.

Did an operation precede death? no ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) O. B. Towler M. D.

10. 9. 33 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park cem — DATE OF BURIAL: Oct 10 1933

20 UNDERTAKER: J. F. McCully — ADDRESS: 1006 Fort

T - 9

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

E 94222

94222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 E. 20th St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan M. Wynn.

(a) Residence: No. 523 E. 20th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 20-1860

7. AGE: Years 73 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Wynn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Hanly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Wynn

(Address) 523 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Oct 11" 1933

19. UNDERTAKER Chas. F. Sauer Son

(Address) Baltimore Md

20. FILED Oct 11 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from October 4th 1933 to October 8th 1933

I last saw h.r alive on October 7th 1933. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1928
Cerebral Hemorrhage	10-8-33
Other contributory causes of importance:	
Gallstones	1932

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene H. G. Cross M. D.

(Address) 28 W 25th St.

Date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 3 V 9 1933

M. D. B. 1268-9

E 94223

HEALTH DEPARTMENT—CITY OF BALTIMORE

94223

CERTIFICATE OF DEATH

v 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 St. Paul St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Thompson

(a) Residence: No. 2911 St. Paul St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Edward Thompson

6. DATE OF BIRTH (month, day, year): July 2nd 1866

7. AGE: Years 67 | Months 3 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Albert Tucker

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Jeffrey

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Walter E. Thompson
(Address) 2911 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Mary's Ramdum Oct. 10. 1933

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED ... 19... Registrar.

T 91533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 7. 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22 1933 to Oct 7 1933

Last saw h[illegible] alive on Oct 7 1933 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus and adenexitis complicated by intestinal obstruction.	5 mos.

Other contributory causes of importance:

Name of operation: Hysterectomy - umbilical hernia Date of: 9/28/33.

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Groom Dreiberg M. D.

(Address) 846 W 36 Balto

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94224

V 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 W^c Henry St. 7-0-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alice Va Hewitt

(a) Residence: No. 2019 W^c Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert P. Hewitt

6. DATE OF BIRTH (month, day, year) September 3 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	5	

OCCUPATION

8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles T. Allenbaugh

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary A. Lippard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Robert P. Hewitt

(Address) 2019 W^c Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Oct 12 1933

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave.

20. FILED OCT 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1933 to Oct 8. 1933

I last saw her alive on Oct 6 1933 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rt. Breast.	Feb. 1930
Other contributory causes of importance: General Carcinomatosis	July 1933
Pulmonary Bottlings	

Name of operation Removal Rt. Breast Date of 4/1/30

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3732 Frederick Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 94225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94225

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Howard St. 11-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Redmond Nordhoff

(a) Residence: No. 817 N. Howard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Nordhoff

6. DATE OF BIRTH (month, day, year) Aug. 22, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 97

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME ------- Redmond

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Hannah Foley

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT William Nordhoff
(Address) 817 N. Howard Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date 10/10 1933

19. UNDERTAKER Henry H. Mears and Son
(Address) 208 N. Calvert St.

20. FILED ..... 19..... Registrar.

OCT 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible] 19..

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19..33 to [illegible] 19..33

I last saw h.. alive on [illegible] 19.. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Renal disease	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94226 E 94226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 IV

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 St. Dunstan Rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther Bryan Benton

(a) Residence: No. 201 St. Dunstans Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Last Wife of~~ Lucy M. B. Benton

6. DATE OF BIRTH (month, day, year) Nov 19th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental Supply Dealer

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Kent Island Md.

FATHER

13. NAME Richard Benton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah E. Bryan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lucy M. B. Benton

(Address) 201 St Dunstans Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Stevens or Ut Green and Co Date Oct 10th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to Oct 8 1933

I last saw him alive on Oct 8 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Capillary Bronchitis
& Myocarditis

Date of onset

Other contributory causes of importance:

Carcinoma of Prostate Gland

Name of operation Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Stanley Gosnell M. D.

(Address) 2900 St Paul St

V 293

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94227 Arntz E 94227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospital St., (Ward) 4-07
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lena Arntz
(a) Residence: No. 614 E. 35 at St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex F.
4. Color or Race W
5. Single, Married, Widowed, or Divorced (write the word) W
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gerhard Arntz
6. DATE OF BIRTH (month, day, year) April 14th 1862
7. AGE Years 71 Months 5 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Housework~~ Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME ~~—~~ Frances
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unterowind
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gerhard Arntz
(Address) 614 E. 35 St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Oct 11th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

OCT 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disease of Gallbladder	
Other contributory causes of importance: Diabetes Coma	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John Stevenson M. D.
Coroner
(Address) 1967 E. Roland Ave

State CAUSE OF DEATH in plain terms, and state if any OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 — E 94228 — E 94228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~99

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2501 Hosher St. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Roland T. Chambers

(a) Residence: No. 2501 Hosher St. St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary E. Chambers

6. DATE OF BIRTH (month, day, year) Feb. 20, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
69	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER
13. NAME William Chambers
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER
15. MAIDEN NAME Mrs. Lloyd L. Beatty
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs. Lloyd L. Beatty
(Address) 2501 Hosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oct. 10, Date ..'19..

19. UNDERTAKER Harry F. Weitzel
(Address)

20. FILED Oct 10 1933, 19.. 1:11 P.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-6- 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-26- 1930 to Oct 6 1933.
I last saw him alive on Aug 5 1933. Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion.	Aug 26-33
Arteriosclerosis.	
Chronic Interstitial Nephritis.	
Uremia. The most recent symptom	
Aug - 3-16-1933	

Other contributory causes of importance:
Cancer and General arteriosclerosis —

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..Date of injury.., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Miguel Cole M. D.
(Address) 2727 Gwynn Oak Ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94229

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Roslyn Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Watts Crane

(a) Residence: No. 2211 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18. 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME Robert B. Crabe

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Sarah Watts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Isabella G. Crane

(Address) 2211 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 10 33

19. ~~UNDERTAKER~~ John O'Donovan & Son

(Address) 1900 Eutaw Place

20. FILED , 19 Registrar.

OCT 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7. 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 28th, 19 27 to Oct 7th, 19 33

I last saw h[illegible] alive on Oct 5th, 19 33 Death is said to have occurred on the date stated above, at 10.30 m A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept. 192[illegible]
Other contributory causes of importance:	
Progressive Paralysis.	1927

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify ✓

(Signed) D A Waldron, M. D.

(Address) 210 E. Preston St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94230

CERTIFICATE OF DEATH

108 E 94230

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Green ST. 22-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maria Gibson

(a) RESIDENCE NO. 612 S. Green ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

a If married, widowed, or divorced BUSBAND of (or) WIFE of: Edward Gibson

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 27, 1904 Months / Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic '37

(b) General nature of industry, business, or establishment in which employed (or employer): House work

(c) Name of employer: St Mosses

9 BIRTHPLACE (city or town) (State or country): Warren County Missouri

PARENTS

10 NAME OF FATHER: Peter Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lafayette Co Missouri

12 MAIDEN NAME OF MOTHER: Mont Rouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lafayette Co Missouri

14 Informant: Edward Gibson

(Address) 612 S Green ST

15 Filed [illegible] 19 [illegible] Registrar

OCT 10 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/8/33

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 1933 to Oct 8 1933 that I last saw her alive on Oct 7 1933 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Multiple Neuritis

(duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) F. F. Gibson, M. D.

10/9/33 (Address) 522 N. Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemtery

DATE OF BURIAL: 10/12 1933

20 UNDERTAKER: Walter B. Spriggs

ADDRESS 539 W Pamby St.

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 94231 ✓ E 94231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1022 Leadenhall St. 23-01 WARD)

2-FULL NAME Callie Jones

(a) RESIDENCE NO. 1022 Leadenhall ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	s

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 18 1933

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Sylvester Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Virginia Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Sylvester Jones 1022 Leadenhall

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933, to Oct 8, 1933
that I last saw h[illegible] alive on Oct 8, 1933
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Acute Gastro enteritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no tests

(Signed) D H Caswell M. D.

10/9/1933 (Address) 112 W. Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Oct 10 1933

20 UNDERTAKER ADDRESS

Walter B Sprigg 1312 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9 E 94232 ✓ E 94232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Katz

(a) Residence: No. 111 N. Front St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None.

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh

FATHER

13. NAME Nathan Katz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Shaarei Hoyrom Cem. Date 10/10/33 19

19. UNDERTAKER Geo. Lang Sons
(Address) 1439 E. Baltimore St.

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9-33. 19

22. I HEREBY CERTIFY, That I attended deceased from June 19 33 to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3 A. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetic Mellitus	
Influenza	
Other contributory causes of importance:	
Coronary Thrombosis	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify James M. Renton M.D.

(Signed) 700 Chas. St. M. D.
Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

94233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94233

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N Pine ST. 4-01 WARD)

2-FULL NAME Gertrude Veronica Dabney

(a) RESIDENCE NO. 413 N Pine St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE: Years 53 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mr Dabney 413 N Pine.

15 Filed 10/11/33 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-8-1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 8, 1933, that I last saw her alive on Oct 8, 1933, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Myocarditis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

10/9 (Signed) Geraldine T. Frandsen M. D.

10/9, 1933 (Address) 2329 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem

DATE OF BURIAL Oct 12 1933

20 UNDERTAKER Mrs Ida B. Simpson

ADDRESS 1129 N. Caroline St

CT 101933

Before signing be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 94234 ✓ E 94234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 905 Madison Av ST 11-21 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Clarence A. Thomas

(a) RESIDENCE NO 905 Madison Av ST ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: Col. | 5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rheda Thomas

6 DATE OF BIRTH (month, day, and year):

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Presser

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Rheda Thomas 905 Madison Av.

15 Filed OCT 10 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 7/33

17

I HEREBY CERTIFY, That I attended deceased from Sept 9. 1933 to Oct 7 1933

that I last saw him alive on Oct 7 1933

and that death occurred, on the date stated above, at 7.45 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Pancreas

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. K. Pelter M. D.

(Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Oct 10 1933

20 UNDERTAKER: Jesse W. Reddick — ADDRESS 436 W. Biddle St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1933

M. D. B. 1265 E 94235 ✓ E 94235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Lackay

(a) Residence: No. 437 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul P. Lackay

6. DATE OF BIRTH (month, day, year): Apr 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Patrick Nash

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: ??????

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs May Nohl
(Address) 2766 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral, Date Oct 9, 1933

19. UNDERTAKER: J. J. Burns Son
(Address) 1156 N. Eutaw

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 9/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fracture Skull	Oct 9

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Ye

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 9/33

Where did injury occur? 437 N. Milton Ave
(Specify city or town, County, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell from front Steps to sidewalk

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. St. Pierre Coroner, M. D.

(Address) 508 E. North Ave

AACo. 5-11 2M10 E 94236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94236

CERTIFICATE OF DEATH

93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 West 34th Street St., 13-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George E. Frederick

(a) Residence: No. 714 West 34th Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E. Frederick

6. DATE OF BIRTH (month, day, year) May 27, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	3 4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

FATHER

13. NAME George Frederick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Wright

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Laura E. Frederick
(Address) 714 W. 34th St

18. BURIAL, CREMATION, OR REMOVAL
Place Poplar Cemetery Date Oct. 11, 1933

19. UNDERTAKER A. S. Marshall
(Address) 3539 Falls Road

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Oct 8, 1933

I last saw him alive on Oct 7, 1933 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	June 31
Other contributory causes of importance: Myocardial insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 42669 E 94237

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94237

CERTIFICATE OF DEATH

72-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3729 Wilkins Ave St. 25th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Rote

(a) Residence: No. 3729 Wilkins Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John T Rote

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Rosalie Knipe

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT John R Rote

(Address) 3729 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Oct 11 1933

19. UNDERTAKER Jesse D Smith

(Address) 1212 Collins Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933 to Oct 8, 1933

I last saw her alive on Oct 7, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphadenoma (Hodgkins disease)	Jan 1933
Myocarditis	July 1933
Other contributory causes of importance:	
Embolism	Oct 6, 33

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. R. Kemp, M. D.

(Address) 3830 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M.A.B.—4500m.

E 94238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94238

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 Annapolis Ave. WARD 27)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac S. Stiles

(a) RESIDENCE NO. 2324 Annapolis Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Stiles

6 DATE OF BIRTH (month, day, and year): Jan 14, 1865

7 AGE: Years 68 Months 8 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer): Stopper grinder

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. J.

PARENTS

10 NAME OF FATHER: Samuel Stiles

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Sarah Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Sarah E. Stiles

(Address) 2324 Annapolis ave.

15 Filed Starting for Virginia Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-8- 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan 5 1931, to Oct 8 1933,

that I last saw h— alive on Oct 7nd 1933,

and that death occurred, on the date stated above, at 10-45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Acted as myocarditis

"sudden"

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pyelonephritis Arteriosclerosis Chronic Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

19 (Signed) Conrad J. Frank, M. D.

Oct 9, 1933 (Address) 5329 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 11 1933

20 UNDERTAKER: George L. Smith

ADDRESS 1522 Pine St

OCT 10 1933

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94239

CERTIFICATE OF DEATH

E 94239

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospitals St., 76-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John P. Siller

(a) Residence: No. 3512 Esther Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha K. Siller

6. DATE OF BIRTH (month, day, year) May 26/1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	4	6/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signal Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 073

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME — — Siller

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Wm J. Siller
(Address) 3512 Esther Place

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Oct 11 - 1933

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw St.

20. FILED OCT 6 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edgar Siller M. D.
Coroner

(Address) 2739 Calvert ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94240

E 94240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals St., 1-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James S. Ciotta

(a) Residence: No. 639 S. Lakewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Josephine Ciotta

6. DATE OF BIRTH (month, day, year) April 17, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Albert Ciotta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 11 1933

19. UNDERTAKER Frank V. Pepitone (Address) 2818 E. Baltimore

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1933 to Oct. 8, 1933

I last saw h[illegible] alive on Oct. 8, 1933 Death is said to have occurred on the date stated above, at. 2:20 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary	?
Heart disease syphilitic	?
& aortic insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Wass. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magaziner M. D.

(Address) Balt. City Hosp.

USS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-0 E 94241 Janice Myers E 94241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Pepper & Dukeland St., 16th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 8 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Janice Myers

(a) Residence: No. Severn Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 14 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Glenburnie Md

FATHER

13. NAME Frederman A. Myers

14. BIRTHPLACE (city or town) (State or country) Severn Md

MOTHER

15. MAIDEN NAME Ethel C Griffith

16. BIRTHPLACE (city or town) (State or country) Severn Md

17. INFORMANT Frederman A Myers

(Address) Severn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Memorial Park Date Oct 12, 1933

19. UNDERTAKER John F Denny & Co.

(Address) 715 Light St.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1933 to October 10, 1933.

I last saw her alive on October 10, 1933. Death is said to have occurred on the date stated above, at 6:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prolapsus of Rectum	?
2. Malnutrition	?
3. Fermentative Diarrhea	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) John H Compton M. D.

(Address) WB4N.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1933

M. D. H. 1268-9

E 94242

HEALTH DEPARTMENT—CITY OF BALTIMORE

94242

CERTIFICATE OF DEATH

V 133

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto, Md St., 3-01 Ward)

Registered No.....

(If death orrurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Annie Matthews

(a) Residence: No. 225 S. Bethel St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Matthews

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Morris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL.

Place University of Md Date Oct 10, 1933

UNDERTAKER

(Address)

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-10-30, 19.. to 10-4, 1933

I last saw h.. alive on 10-4, 1933. Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyclonephritis	
Terminal anemia	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of Injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Harry Goldman M. D.

(Address) Baltimore City Hospitals

V 1933

M. D. B. 1268-9

E 94243

HEALTH DEPARTMENT—CITY OF BALTIMORE

94243

CERTIFICATE OF DEATH

√34

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 15-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Moore

(a) Residence: No. 1530 Pennsylvania St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT The Marconic

(Address) Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Cemetery Oct 10 1933

19. UNDERTAKER Adolphus Pollard

(Address) Eaton & Liberty Sts.

20. FILED Oct 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1933 to October 4, 1933

I last saw h[illegible] alive on Oct. 4, 1933. Death is said to have occurred on the date stated above, at 10 [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured [illegible] (Aneurysm (Pneumonia (today)	10/4/33

Other contributory causes of importance:

Luetic Aortitis undetermined

Name of operation Ligation Date of 10/4/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bradshaw Hagens M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 94214

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94214

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Rear of

CITY OF BALTIMORE: (No. 612 N. Washington 7-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Kuhl

(a) Residence: No. 612 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kuhl

6. DATE OF BIRTH (month, day, year) April 2/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Kuhl
(Address) 612 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Oct 11 19 33

19. UNDERTAKER John Ulrich
(Address) 2208 Eastern Ave

FILED OCT 10 1933 19 .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Probably Chr Myocarditis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19 .

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Guinn Coroner . M. D.

(Address) 508 E. Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 94245

HEALTH DEPARTMENT—CITY OF BALTIMORE

94245

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 E. Balto St. St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian M. Schatz

(a) Residence: No. 3104 E. Balto St. St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew G. Schatz

6. DATE OF BIRTH (month, day, year) Dec. 17 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles H. Young

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary W. Robertson

16. BIRTHPLACE (city or town) (State or country) India

17. INFORMANT Andrew G. Schatz

(Address) 3104 E. Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Oct. 12 1933

19. UNDERTAKER Lilly Funeral Home

(Address) 703 N. Wolfe St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29 1933 to Oct 9 1933

I last saw h... alive on Oct 9 1933 Death is said to have occurred on the date stated above, at 7 05 P.M.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis — Date of onset 2/23/32

Other contributory causes of importance: Secondary Anemia — 7/4/33

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) M. L. Hagan M. D.

(Address) 704 E. Balto St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

SPH

M. D. B. 1268-9

E 94246

94246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Mtpleasant Ave. St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Carson.

(a) Residence: No. 3800 Mtpleasant Ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Carson.

6. DATE OF BIRTH (month, day, year) June 15 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer,

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Carson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMANT Margaret Carson (wife)

(Address) 3800 Mtpleasant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 12 19 33

19. UNDERTAKER Lilly & Zeilert Inc.

(Address) 223 N. Eutaw St

20. FILED OCT 19 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 19 33

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1933 to Oct. 7 1933

I last saw him alive on Oct. 7 1933 Death is said to have occurred on the date stated above, at 11:30pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Chronic Cong.	Oct. 7

Other contributory causes of importance:

Old Age Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. E. McCauley M. D.

(Address) 3508 Park Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94247

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Robinson

(a) Residence: No. 1135 Etting St., ... Ward. Dispensary J.H.H.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Harry Robinson

14. BIRTHPLACE (city or town) Russ
(State or country)

MOTHER

15. MAIDEN NAME Lulan — ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT .....
(Address) ? JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med College Date Oct 10 . 1933

19. UNDERTAKER .....
(Address) ..... Commissioner Health.

20. FILED ..... 19 ..... Registrar.

10 1933

0010

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from on Sept 30 . 1933 to ..... 19 .....

I last saw h... alive on Sept 30 . 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth —	9/30

Other contributory causes of importance:

Cong. syphilis (?) —	

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Marcus S. Seifert . M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v-s-13

M. D. B. 1268-9

E 94248

HEALTH DEPARTMENT—CITY OF BALTIMORE

94248

CERTIFICATE OF DEATH

V 160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St. 27-08 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Ritter

(a) Residence: No. 715 Cedar Croft Road St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 2, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			21 hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Wesley Ritter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Murrell

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Oct 10 19 33

19. UNDERTAKER

(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/2/22, 19.. to 10/4/22, 19..

I last saw him alive on 10/4/22, 19.. Death is said to have occurred on the date stated above, at 6:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
intracranial hemorrhage	10/2/22
tentorial tear	10/2/22

Other contributory causes of importance:

Prematurity Infant	10/2/22

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Russell S. Aub M. D.

(Address) Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94249

94249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 11-01 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Grant

(a) Residence: No. 116 Brevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/10/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thurman Grant

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Lula Chamberlain

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med College Date Oct 10 1933

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 .....
0908 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-23, 1933 to Sept-24, 1933.

I last saw him alive on Sept 24, 1933 Death is said to have occurred on the date stated above, at 5-25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Disturbance (Diarrhea)	? 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) John H. Wartin, Jr. M. D.

(Address) Johns Hopkins Hospital

v. s. 13

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94250

E 94250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 77361 Ped

179

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leroy Jackson

(a) Residence: No. 1026 Rutland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3 1/2	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— ped

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 10 19 33

19. UNDERTAKER

(Address)

20. FILED ..... 19..... Registrar.

0911

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-29- 1933 to 10-1- 1933

I last saw him alive on 10-1- 1933 Death is said to have occurred on the date stated above, at 3 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead poisoning	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Hans S. Hecht M. D.

(Address) .....

V. S. 50

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94251

HEALTH DEPARTMENT—CITY OF BALTIMORE

94251

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 21-91 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamur Jacobs

(a) Residence: No. 704 Cleveland St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43?	.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Coroner

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/10, 1933

19. UNDERTAKER John F. Fahy & Son

(Address) 1318 Eutaw St

20. FILED 10/10, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Femur (rt)	
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 7, 1933

Where did injury occur? Park (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on Floor

Nature of injury Fractured Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) ..... M. D. Coroner

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 94252

E 94252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 Wilson St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine M Tavenner

(a) Residence: No. 142 Wilson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE: Louis E Tavenner

6. DATE OF BIRTH (month, day, year): Aug 24 1864

7. AGE: Years 69 | Months 1 | Days 16 34 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Clarksville Md

FATHER

13. NAME: Lewis G Watkins

14. BIRTHPLACE (city or town) (State or country): Clarksville Md

MOTHER

15. MAIDEN NAME: Katherine Pulling

16. BIRTHPLACE (city or town) (State or country): Clarksville Md

17. INFORMANT: Mrs M White

(Address) 142 Wilson St

18. BURIAL, CREMATION, OR REMOVAL: Loch Raven Cem Date 10/13, 33

19. UNDERTAKER: Wm Cook

(Address) 1214 St Paul St

20. FILED 19 Registrar.

10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933 to Oct 10, 19

I last saw h alive on Oct 10, 19. Death is said to have occurred on the date stated above, at 6:40 A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	3 yrs

Other contributory causes of importance:

Cerebral hemorrhage	5 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick Leitz, M. D.

Oct 10 33 (Address) Temple Station

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 94253

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94253

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Monastery of the Visitation

CITY OF BALTIMORE: (No. 5712 Roland Avenue St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Sister Mary Aloysius Doonan

(a) Residence: No. 5712 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) April 19, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monastery of the Visitation

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) Atlanta Georgia

FATHER

13. NAME Terence Doonan

14. BIRTHPLACE (city or town) (State or country) --- Georgia

MOTHER

15. MAIDEN NAME Ellen Doonan

16. BIRTHPLACE (city or town) (State or country) --- Georgia

17. INFORMANT Mother M. Paulina Fitzgerald

(Address) 5712 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 10/11 19 33

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Eutaw St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 28, to Oct 19 33

I last saw h[illegible] alive on Oct 7. 19 33 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with Metastasis to Liver	about 1931

Other contributory causes of importance:

Gangrene of leg due to Arterial Clot

Name of operation Radiation of Cancer Date of 1933

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carole Donelan M. D.

(Address) 5 Leland St

V. S. 3

Instructions to Physicians: Every question must be answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 94254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94254

1, 31

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4324 Roland Avenue St. 8-3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mattie V. Sisson

(a) Residence: No. 4324 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John B. Sisson

6. DATE OF BIRTH (month, day, year) Dec. 5, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk
(State or country) Virginia

FATHER

13. NAME William A. Wrenn

14. BIRTHPLACE (city or town) Norfolk
(State or country) Virginia

MOTHER

15. MAIDEN NAME Martha V. Holmes

16. BIRTHPLACE (city or town) Norfolk
(State or country) Virginia

17. INFORMANT Ormond W. Sisson
(Address) 4324 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 10/11 1933

19. UNDERTAKER Henry H. Mears and Son
(Address) 800 N. Eutaw St.

20. FILED 1933 Huntington Millague, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1928 to Oct 10, 1933

I last saw her alive on Oct 9, 1933. Death is said to have occurred on the date stated above, at 12.20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1928
Arteria-sclerosis	
Interstitial Nephritis	
Other contributory causes of importance:	
Goitre	1916

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Donald T. Stevenson M. D.

(Address) 18 W. Franklin St.

V S 3

T 0 1933

8 AFT

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268a

E 94253 ✓ E 94253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute home in automobile St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William C. Schnabel

(a) Residence: No. 3722 Greenmount Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace S. Schnabel

6. DATE OF BIRTH (month, day, year) April 18/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer(Constructing)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dietrick Bros.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August P. Schnabel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Meinskein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Grace C. Schnabel

(Address) 3722 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 12, 1933

19. UNDERTAKER F. B. Wippert & Sons

(Address) 855 St Paul St

20. FILED ....19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9/33 .19

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....

I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Angina Pectoris	Jan /32
Arteriosclerosis	??
Cardiac Hypertrophy	??

Name of operation ....Date of....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? If so, specify ....

(Signed) J. H. Weems M. D.

(Address) 508 E Fayette St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94256 — CERTIFICATE OF DEATH — X51 E 94256

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	Mulatto	Widower

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Amelia A Johnson

6. DATE OF BIRTH (month, day, year) Jan 4, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Henry Simms

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Amelia A Johnson

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Cedar Hill Date Oct 12 1933

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1933 to Oct 10 1933

I last saw h.. alive on Oct 6 1933. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset 9-27-33

Other contributory causes of importance:

Myocarditis chronic

Date of onset 6-9-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94257 94257

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wkay 2 Pratt St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Lewis

(a) Residence: No. 822 Edmonson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 9. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 57	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Back City

FATHER

13. NAME Peter Lewis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jennie Smith
(Address) 822 Edmonson Ave

18. BURIAL, CREMATION, OR REMOVAL
Interment Con Date 10 12 1933

19. UNDERTAKER Samuel A. Hensley
(Address) 318 N. Eutaw St.

20. FILED OCT 1 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on September 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Fell & hurt Right Ribs & Wrist & Elbow

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton Coroner, M. D.
(Address) 700 E Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94258

CERTIFICATE OF DEATH

E 94258

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Carrollton Ave St. 16-01 Ward)

Length of residence in city or town where death occurred 36 yrs. [redacted] mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Kelson

(a) Residence: No. 1005 Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Major P. Kelson

6. DATE OF BIRTH (month, day, year) Mar 2, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) H. A. Co. Md

FATHER

13. NAME George Vogel

14. BIRTHPLACE (city or town) (State or country) H. A. Co Md

MOTHER

15. MAIDEN NAME Fannie Eades

16. BIRTHPLACE (city or town) (State or country) H. A. Co Md

17. INFORMANT Annie Bolden

(Address) 1005 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Cemetery Date Oct 11, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston St.

20. FILED Oct 11 1933 Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Oct 7, 1933

I last saw h[illegible] alive on Oct 1, 1933 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Senility	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Blackistone, M. D.

(Address) 1150 [illegible]

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3 E 94259 2216 Gwynn E 94259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Mondawmin Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Law

(a) Residence: No. 3418 Mondawmin Ave Ward Cumberland Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. (Single, Married, Widowed, or Divorced (write the word)): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Jess Law

6. DATE OF BIRTH (month, day, year): Feb 26-1867

7. AGE: Years 66 | Months 7 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 4

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Columbus Ohio

FATHER

13. NAME: John Morrissey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Cecelia Kavanaugh

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Alice Irene

(Address) 3418 Mondawmin

18. BURIAL, CREMATION, OR REMOVAL: Cumberland Md Date Oct 11th 1933

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1933 to Oct 10, 1933

I last saw h[illegible] alive on Oct 8, 1933 Death is said to have occurred on the date stated above, at 830 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of left kidney.	20 yrs
Other contributory causes of importance:	
Cardiac syphilis.	6 mos.

Name of operation: Date of:

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Brennan and Lord, M. D.

(Address) 2216 Gwynn Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. 5 3

M. D. B. 1264

E 94260 Kate F. Slaughter E 94260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Lemvale St. St. 11-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Kate F. Slaughter

(a) Residence: No. 510 S. Lemvale St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1846.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
87	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Francis Slaughter

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs. Charles H. Jones
(Address) 2015 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 11 19 33

19. UNDERTAKER Harry A. Deitzler
(Address) 1219 Poplar Grove

20. FILED Oct 11 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933 to Oct 9 1933

I last saw her alive on Oct 9 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right side terminal	✓
	✓
Other contributory causes of importance:	
General Atheroma	✓
Sclerosis	✓

Name of operation none Date of ✓

What test confirmed diagnosis? Phys exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Trobaugh M. D.

(Address) 1219 Poplar Grove

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94261

CERTIFICATE OF DEATH

E 94261

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Voshall

(a) Residence: No. 613 Melville Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Voshall

6. DATE OF BIRTH (month, day, year) April 7, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Barth

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rose Merkel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Bird Grove Balto Co. Date Oct 13, 19

19. UNDERTAKER Ehrenfeld Son

(Address) Hunter & Mulberry Sts.

20. FILED 19 Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to Oct 10, 1933

I last saw h alive on Oct 10, 1933 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	16 days?
Pulmonary Tuberculosis	?
Pneumothorax, Spontaneous	3 mos?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical, X Ray, Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

AaCo. 5-31 25018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94262

CERTIFICATE OF DEATH

50

E 94262

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 13-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Beatrice Hare

(a) Residence: No. 1013 Union Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Hare

6. DATE OF BIRTH (month, day, year) Dec 24 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
49		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Patrick O'Halloran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary B. Hare

(Address) 1013 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mount Cathedral Date Oct 12, 1933.

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Chestnut Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1933 to October 9, 1933

I last saw her alive on October 2, 1933 death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1.) Carcinoma breast (left)	?
2) Metastases to lungs, liver-spleen vertebrae.	

Other contributory causes of importance:

1) Toxaemia.	

Name of operation Amputation breast (left) Date of Aug 1932

What test confirmed diagnosis? Clinical there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94263

CERTIFICATE OF DEATH

125 094263

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 15-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Edward Lewis

(a) Residence: No. 612 Gold St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Lewis

6. DATE OF BIRTH (month, day, year) ? 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME Theodore Lewis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Hackam

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Regals
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Northumberland Co Date Oct 11 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1933 to Oct. 9 1933

I last saw h... alive on Oct 9 1933 Death is said to have occurred on the date stated above, at 4 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple abscess of liver	? 2 da

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) T. Phagel M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94264 ✓ E 94264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 E. Binney St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Morris Price

(a) Residence: No. 1115 E. Binney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Price

6. DATE OF BIRTH (month, day, year) July 10 1873

7. AGE Years	Months	Days	If LESS than 1 day, Hrs. or Min.
60	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (City) 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Price

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Flower.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Price
(Address) 1115 E. Binney St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel. Date Oct. 12. 1933

19. UNDERTAKER Stephen J. Fialkowski Inc
(Address) 1001 S. Kenwood Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30. 1933. to Oct 9. 1933.
I last saw h[illegible] alive on Oct 8. 1933. Death is said to have occurred on the date stated above, at 655 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mos.
Other contributory causes of importance:	
Cachexia	1 month

Name of operation Not Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pleasants M. D.

(Address) 2200 E. Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94265 ✓ E 94265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 11-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 Hrs How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Dunham

(a) Residence: No. 1031 Druid Hill Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Newborn

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 9, 1933

7. AGE Years	Months	Days	If LESS than 1 day, 7 hrs. + 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leroy Dunham

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Katie Bostwick

16. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

17. INFORMANT Katie Dunham
(Address) 1031 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 11, 193

19. UNDERTAKER .....
(Address) .....

20. FILED ....., 19.. 0012 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 10, 1933.

I last saw her alive on Oct 10, 1933. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B. W. DuPuy, M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94266

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 12-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert B. Clark (Jr.)

(a) Residence: No. 409 Pitman Place St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto city Md

FATHER

13. NAME Robert B. Clark (Sr)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie M. Beal

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Robert B. Clark (Sr)

(Address) 409 Pitman Place

18. BURIAL, CREMATION, OR REMOVAL

Place Glady's Va. Date Oct. 12 19 33

19. UNDERTAKER J. Walter Davis

(Address) 2418 E Fustnut Ave.

20. FILED Balto Md. Oct 12 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 , 19 33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Death is said to have occurred on the date stated above, at 3:15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
History of Convulsions	
Uremic?	

Other contributory causes of importance:

Phimosis-bilateral hydronaphter
Hydronephrosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Vacca Coroner, M. D.

(Address) 508 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of trade, profession, or particular kind of work done, so that it may be properly classified.

M. D. B. 1268-0

William G Hanover ✓

E 94267

94267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ... St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Monroe

(a) Residence: No. 6708 Bussmeer Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1922

7. AGE — Years: 11 | Months: 6 | Days: 6 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 2

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Monroe

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Sadie Barnes

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Olivet Date: Oct 12, 1933

19. UNDERTAKER: Josiah Syfer

(Address): 1100 W Fayette Ave

20. FILED ... 19 ... Registrar.

Oct 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933 to Oct 10, 1933

I last saw him alive on Oct 10, 1933. Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis, Acute	
Suppuration, Rt. Femur	9-23-33
Septicemia, Rt. Tibia and Fibula	
Other contributory causes of importance:	
Septicemia (Staphylococcus)	10-1-33
Bronchopneumonia	10-1-33

Name of operation: Resection Date of: 9/28/33

What test confirmed diagnosis? Blood & Tissues Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Tobias Wamboldt, M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Iron

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94268

E 94268

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horatio Trim

(a) Residence: No. 12 E. Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Minnie Irons

6. DATE OF BIRTH (month, day, year) 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Records
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 12, 1933

19. UNDERTAKER Wm J. Tickner & Son
(Address) Frankford Ave

20. FILED Oct 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932 to Oct. 10, 1933

I last saw him alive on Oct 10 1933 Death is said to have occurred on the date stated above, at 3:57 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	?
Myocardial failure	Terminal

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Rhoads M. D.

(Address) Balt City Hosp

V 5 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94269

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94269

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4007 Bateman Avenue. St. 15-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? 50 yrs. mos. da.

2. FULL NAME Herman Eisert

(a) Residence: No. 4007 Bateman Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Hermina E. Eisert

6. DATE OF BIRTH (month, day, year) March 7th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Eisert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. W. L. Eisert
(Address) 4007 Bateman Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 12th, 33

19. UNDERTAKER J. J. Tighe, Sons
(Address) [illegible]

20. FILED 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h alive on Sept 29 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
2 years	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. Leuk, M. D.
Coroner

(Address) Baltimore

M. D. B. 1268-9

Twelbeck E 34270

HEALTH DEPARTMENT—CITY OF BALTIMORE

34270

CERTIFICATE OF DEATH

V82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 St. (or Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ....., 19..

19. UNDERTAKER Harry N. Zeitlee

(Address)

20. FILED 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Oct 10, 1933

I last saw him alive on Oct 10, 1933 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	Oct 10, '33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Kurtz, M. D.

(Address) 3030 Edmondson Ave.

M. D. B. 1268-9

Meyer

E 94271

94271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 8-04 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 19...

19. UNDERTAKER Harry A. Kuitzke
(Address)

20. FILED ..... 19... Registrar.

11033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st 1933

22. I HEREBY CERTIFY, That I attended deceased, from Oct 9th 1933, to October 1st 1933

I last saw h[illegible] alive on Oct 1st 1933. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	6 mo
Embolism	"
Cerebral Hemorrhage	1 day

Other contributory causes of importance:

Coma & Cardiac Failure	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify None

(Signed) Robert L. Cook M. D.

(Address) 3126 Hartford Rd.

V 5 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 94272

94272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp (Ward) 7-01

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marcus M. Weaver

(a) Residence: No. 1905 E Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Minnie S Weaver

6. DATE OF BIRTH (month, day, year) April 22 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Millersburg Pa

FATHER

13. NAME Joseph Weaver

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Rebecca —

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Minnie Weaver
(Address) 1905 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Mayes Grave Yard Date Oct 12 1933

19. UNDERTAKER Colin O Mitchell & Son
(Address) 1922 Eastern Ave

20. FILED Oct 12 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-9-33
Myocardial Insufficiency	9-5-33

Other contributory causes of importance:

Arteriosclerosis	yrs ?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner. M. D.
(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94273

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Gough St. 32-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Gillo

(a) Residence: No. 1522 Gough St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Vincenzo Gillo

6. DATE OF BIRTH (month, day, year) April 13-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Riviera

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rose Gillo

(Address) 120 N. Front St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 12, 1931

19. UNDERTAKER Kenneth J. Pettit

(Address) 3005 Eastern Ave

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94274

CERTIFICATE OF DEATH

V/57-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Calvin Doles

(a) Residence: No. 305 S. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	~~white~~ Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 16/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Doles

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Hilda Williams

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Thomas Doles

(Address) 305 S. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date Oct 12, 1933

19. UNDERTAKER Wendell F Diffel

(Address) 300 S. Eden St

20. FILED Oct 11 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Heart
Dehydration

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John Pace Coroner, M. D.

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 blks. E 94275

E 94275

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2431 Druid Hill Ave ST., 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Brooks

(a) RESIDENCE NO. 2431 Druid Hill Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nellie Brooks.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter.

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER George W Brooks.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Poston.

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Nellie Brooks. (Address) 2431 Druid Hill Ave.

15 Filed OCT 12 1933, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10/33

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933, to Oct 10, 1933, that I last saw h im alive on Oct 10, 1933 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Strangulation of bowel

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard M. D.

10/11, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	10/12 1933
20 UNDERTAKER Samuel T. Hemsley	ADDRESS 578 W Biddle St.

important. See instructions on back of certificates.

M. D. B. 1268-9 E 94276 E 94276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George cook
(a) Residence: No. 3609 Mitchell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Cook

6. DATE OF BIRTH (month, day, year) Apr 13-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	5	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mineral Organizations
10. Date deceased last worked at this occupation (month and year) May 1933
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John Cook
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Cook
(Address) 3609 Mitchell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date Oct 12 1933

19. UNDERTAKER Stuber & Boehler
(Address) 1220 N. Broadway

20. FILED Oct 12 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1933, to October 9, 1933
I last saw him alive on October 9, 1933. Death is said to have occurred on the date stated above, at 4:42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicular abscess	
Incarcerated Rt. inguinal Hernia.	

Other contributory causes of importance:
mild Diabetes Mellitus
Mild degree Heart failure

Name of operation. orchidectomy & Enteroplasty Date of 9-21-33
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Winfield H. Sprecher M. D.
(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

OCT 21 1933

M. D. B. 1268-B E 34277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34277

52

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Hudson St St. 26-ol Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Stromer

(a) Residence: No. 3315 Hudson St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Sept 22 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Anna Mock
(Address) 3315 Hudson st

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn Date Oct. 14. 1933

19. UNDERTAKER Lutge Zeiler Inc
(Address) 403 So Wolfe st

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 , 1933

22. I HEREBY CERTIFY, That I attended deceased from June , 1932 to October 11 , 1933

I last saw h.. im alive on October 10 1933 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rodent ulcer - Epithelioma R side face	June 1932
Hemiplegia R side face & body, Chronic Interstitial Nephritis & Uremic coma	June 1933 3 mos 2 days

Other contributory causes of importance:

Hemorrhages from vessels R side face & neck

Name of operation none Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. V. Clift M. D.

(Address) 353 Chestnut Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94278 9/Kreller E 34278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V La Tourette Hospital Catonsville

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S. Ellwood Ave. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....da. How long in U. S. If of foreign birth? ....yrs.....mos.....da.

2. FULL NAME George Kreller

(a) Residence: No. 626 S. Ellwood Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kreller

6. DATE OF BIRTH (month, day, year) Dec. 6 1856

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	76		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Kreller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George M. Kreller

(Address) 626 S. Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 14 1933

19. UNDERTAKER Kelly & Zeiler Inc

(Address) 522 N. Wolfe St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1933 to Oct 10th 1933

I last saw h... alive on Oct 10th 1933. Death is said to have occurred on the date stated above, at 5 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	
Arteriosclerosis	
Myocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. J. Tantum M. D.

(Address) 419 N. Mullen St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B E 94279

Sloman E 94279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belle Ave / 127 St., or Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Sloman

(a) Residence: No. 3910 Chesterfield Place Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Sloman

6. DATE OF BIRTH (month, day, year) Oct. 29, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Belle Md.

FATHER

13. NAME Christian Theyer

14. BIRTHPLACE (city or town) (State or country) Belle. Md.

MOTHER

15. MAIDEN NAME Anthony Schuchter

16. BIRTHPLACE (city or town) (State or country) ?, Ft. Fort Kenna

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Oct 13, 1933

19. UNDERTAKER Libby-Zuber Inc.
(Address) 303 E. Preston St.

20. FILED Oct 14 1933 [illegible] Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1933, to 10/10, 1933

I last saw h[illegible] alive on 10/10, 1933 Death is said to have occurred on the date stated above, at 3:20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cystitis, abdominal adhesions	1 year

Other contributory causes of importance:

Myocardial failure

Name of operation [illegible] Date of 10/6/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. B. Bowen M. D.

(Address) Belle city Md.

M. D. B. 1268-B E 94280

E 94280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 S. Charles St. St. 23-61 Ward)

Length of residence in city or town where death occurred 36 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret R. Trott.

(a) Residence: No. 1427 S. Charles St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced (or) WIFE of Burnison Trott.

6. DATE OF BIRTH (month, day, year) December 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Basil F. Brady.

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Margaret R. Johnson.

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

17. INFORMANT Basil Brady. (brother)
(Address) 1427 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ind Blvd Date Oct 13, 1933

19. UNDERTAKER G. Howard Evans
(Address) 32 E. Fayette

20. FILED ... 193... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning.	
Suicide.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10/10/33

Where did injury occur? 1427 S. Charles St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Illuminating gas poisoning.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto M. Reinhardt Coroner, M. D.

10/10/33 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 34281 E 34281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY OF BALTIMORE: (a) Provident Hosp St., 18-01 (Ward)

Registered No. 174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dent (also known Wm Lee)

(a) Residence: No. 744 Sarah [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 18 1876

7. AGE: Years 37 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 64?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Dent

14. BIRTHPLACE (city or town) (State or country) Chas Co Md

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Chas Co Md

17. INFORMANT Nellie Dent
(Address) 744 Sarah [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Oct 12, 1923

19. UNDERTAKER Mrs Katie L. Williams
(Address) 322 N Schroeder St.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9th, 1923

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to [illegible] 19 [illegible]

I last saw h[illegible] alive on [illegible] 19 [illegible] Death is said to have occurred on the date stated above, at [illegible] m

The principal cause of death and related causes of importance were as follows:

Homicide — Date of onset [illegible]
Lobar Pneumonia
& Hemorrhage
2 days

Other contributory causes of importance:
Cut in head with pen knife Right Side

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury [illegible] 19 [illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?
If so, specify [illegible]

(Signed) H. Leith Coroner M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AaCo. 5-31 25M

E 94282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94282

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Monastery Ave St., 18-01 Ward)

Length of residence in city or town where death occurred 5-10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ..... St., ... Ward.

(If non-resident give city or town and State)

(a) Residence: No. ..... (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Howard Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Lemmon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mary Lee Thomas

(Address) 203 Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date 10/13 1933

19. UNDERTAKER H. C. Brockenbrough Sons

(Address) 1136 Pokuler Store

20. FILED OCT 13 1933 Registrar

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 11, 1933

I last saw h.. alive on Oct 1, 1933 death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Chronic Nephritis

Date at onset

Other contributory causes of importance:

Chronic Endocarditis

Hypertension

Uremia Poisoning

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Lange, M. D.

(Address) 701 Cathedral St

AACo. 5-31 2500

E 94283

E 94283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 117-001

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Homberg

(a) Residence: No. Stemmers Run, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Homberg.

6. DATE OF BIRTH (month, day, year) April 14-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co.

FATHER

13. NAME Anton Homberg.

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Wm. William Homberg
(Address) Holly Neck Road

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 14 1933

19. UNDERTAKER Jos. F. Bernardon
(Address) 156 W. Lafayette ave.

20. FILED ..... Registrar.

OCT 17 1933

OCCUPATION is very important. See instructions on back of certificate. Last statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1933 to October 11, 1933

I last saw him alive on October 11 1933 death is said to have occurred on the date stated above, at 3:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Peptic ulcer of pyloroous.	?
2. Post operative lobar pneumonia. (aspiration pneumonia)	10-10-33
Other contributory causes of importance:	

Name of operation See back of sheet Date of 10-10-33

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Wannemacher, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. D. B. 1268-9 E 94284 M E 94284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St. 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Conrad Graf

(a) Residence: No. 1721 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) Dec 19 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 072

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Graf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Snyder

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Conrad Graf (son)
(Address) 1721 N. Broadway

18. BURIAL, CREMATION, REMOVAL
Place Loudon Park Date Oct 15th 1933

19. UNDERTAKER George Smith & Sons, Embalmers & Funeral Directors
(Address) 1711 Eutaw Place

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1933

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy to ... 19...
I last saw h... alive on autopsy & injury Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull
Pneumonia
Emphysema (left).

Data al onset

Other contributory causes of importance:

Automobile Accident

Name of operation Decompression Date of 9/7/33

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of Injury Sept 7. 1933

Where did injury occur? Broadway & North Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Struck by auto while walking across street

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2700 E Madison St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 94285 E 94285

M. D. B. 206-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital ✓ 186-001 Registered No.

CITY OF BALTIMORE: (No. 15-01 St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Grace E. Scarff

(a) Residence: No. 4018 Norman St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Scarff

6. DATE OF BIRTH (month, day, year) July 29 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Geo. Courtney

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Delilah Purnell

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 12 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED Oct 12 1933 Wm. H. Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Oct 10, 1933

I last saw h.e alive on Oct. 10, 1933. Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. Skull Fracture (Fell down steps)	10-2-33
Other contributory causes of importance: Meningitis	10-5-33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-2, 1933

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Proctor, M. D.

(Address) Md. General Hospital

M. D. B. 1268-A E 94286

E 94286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 56

Registered No. 801

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 N. Patterson Pk. Ave. Ward)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Andrew Campbell

(a) Residence: No. 1337 N. Patterson Pk. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 2 mos

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Herbert Brantly Campbell

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Delia Alberta Dobby

16. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

17. INFORMANT James Andrew Campbell
(Address) 1337 Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 14th 193

19. UNDERTAKER Wm Cook
(Address) 1217 E Pasel St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to Oct. 11, 1933

I last saw him alive on October 11, 1933 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Rheumatic Cardio Vascular disease	May 9, 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) G. Karl Grossman, M. D.

(Address) 2205 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A&Co. 5-31 250B

E 94287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94287

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Della Williams

(a) Residence: No. 1618 Druid Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Coleman

6. DATE OF BIRTH (month, day, year) Sept. 7 1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
50	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Starkey Ennis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wallace Poole

(Address) 1618 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10/13/1933

19. UNDERTAKER Mrs. Geo. E. Kelly

(Address) 1631 Druid Hill Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1933 to October 10, 1933

I last saw her alive on October 10, 1933 death is said to have occurred on the date stated above, at 7 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Nephritis - (pyelonephritis chronic interstitial nephritis)	
2. Hypertension & pancreas hypertrophy & dilatation.	
Other contributory causes of importance:	
1) Chronic myocardial degeneration	
2) Pneumonia	10-8-33

Name of operation V Date of V

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J. J. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94288

E 94288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 1142-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Fairfax

(a) Residence: No. 339 Bloom St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David

6. DATE OF BIRTH (month, day, year): 11-26-91

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: N. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Noah Smith

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Martha Butler

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/12/33

19. UNDERTAKER: Mgr. George H. Kollas
(Address) 163 E. Mulberry Hill Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year): Oct - 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept - 25, 1933 to Oct - 9, 1933

I last saw her alive on Oct - 9, 1933 Death is said to have occurred on the date stated above, at 8 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptr. Ectopic Pregnancy	9-[illegible]-33
Pulmonary Embolism	10-9-33

Other contributory causes of importance:

Name of operation: Right Salpingectomy Date of 9-25-33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert K. Daniels M. D.

(Address) Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

E 94289

1-30—M. & T.—100 B—50L E 94289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4636 Keswick Road ST. 27-01 WARD)

2-FULL NAME Phillip H. Lansing

(w) RESIDENCE No 4636 Keswick Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Lansing

6 DATE OF BIRTH (month, day, and year) November 2, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work book keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer unemployed

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Lansing

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Minnie Nagle

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Mary E. Lansing
(Address) 4636 Keswick Road

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiovascular Disease
6 Years (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) John Morrison M. D.
Coroner

19 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct. 13 1933

20 UNDERTAKER E. Leroy Stiffler & Inc.

ADDRESS 125 E. North Ave.

OCT 14 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2 E 94290 E 94290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23✓

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 18-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Stewart

(a) Residence: No. 914 Pierce st. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Stewart

6. DATE OF BIRTH (month, day, year) Jan. 31, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Stewart

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hollie Lastner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Oct 13, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E. Schroeder St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to Oct. 6, 1933

I last saw him alive on Oct. 6, 1933. Death is said to have occurred on the date stated above, at 11.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9 E 94291 / E 94291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√49

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3718 Beehler Ave St., 27-61 Ward)

Length of residence in city or town where death occurred , yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie ; Rini

(a) Residence: No. 3718 Beehler Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ferdinando Rini

6. DATE OF BIRTH (month, day, year) Feb. ? 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Karlcher

14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT F. Rini
(Address) 3718 Beehler Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 13 33

19. UNDERTAKER C. Vernon Lemmon
(Address) 7611 Park Heights

20. FILED OCT 12 1933 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to Oct. 10, 1933

I last saw her alive on Oct. 10, 1933 Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant cyst of ovary	June ?, 1933
Other contributory causes of importance:	
Metastasis & Cachexia	July 10, 1933

Name of operation Laparotomy. Date of June 5 33

What test confirmed diagnosis? Autopsy? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Tommasello M. D.

(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A&Co. 5-31 2508

E 94292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94292

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3531 Roland Avenue St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora M. Bull

(a) Residence: No. 3531 Roland Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Bull

6. DATE OF BIRTH (month, day, year) March 1, 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Frederick, Md.
(State or country)

FATHER

13. NAME George Metcalfe

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Lavinia Hamilton

16. BIRTHPLACE (city or town) Frederick, Md.
(State or country)

17. INFORMANT Mr. Charles W. Bull
(Address) 3531 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Hampden Date October 13 19 33

19. UNDERTAKER A. S. Marshall
(Address) 2539 Falls Road

20. FILED OCT 12 1933 To [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 1931, to Oct 10, 1933

I last saw h[illegible] alive on Oct 10, 1933 death is said to have occurred on the date stated above, at 4.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	10yrs,
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) 2020 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 94293

E 94293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 W. North Avenue St.) 15-al (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Willie~~ Sallie C. P. Deakins

(a) Residence: No. 3026 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas A. Deakins Sr.

6. DATE OF BIRTH (month, day, year) Feb. 19, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundle Co. Md.

FATHER

13. NAME John E. ~~Bumbrey~~ Pumphrey

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER

15. MAIDEN NAME Henrietta Cromwell

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Thomas A. Deakins, Jr.
(Address) 3004 Woodland, Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date Oct. 13, 1933

19. UNDERTAKER A. S. Marshall
(Address) 2539 Falls Road

20. FILED OCT 12 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933 to Oct 11, 1933

last saw h[er] alive on Oct 10, 1933 death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/10/33
Chronic myocarditis 2 yrs	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. H. Cullen M. D.

(Address) 2757 W. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 2668-W

E 94294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 576 St Mary St. (Ward) 4701

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alex Adams

(a) Residence: No. 576 St Mary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13-1924

7. AGE Years 9 | Months 2 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Chas Adams

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Julia Nelson

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Julia Adams
(Address) 576 St Mary

18. BURIAL, CREMATION, OR REMOVAL Date Oct 13 19 33
Place Mount Lion

19. UNDERTAKER Jos A Lively
(Address) 409 N Mount st

20. FILED Oct 13 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 19 33 to Oct 9 19 33. Death is said to have occurred on the date stated above, at 6 a m.

I last saw h alive on Oct 9 19 33

The principal cause of death and related causes of importance were as follows:

Enteritis 3 Days

Date of onset

Other contributory causes of importance:

Name of operation None Date of operation

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Buck M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec. 9-30 A & Co. 250 Bks.

E 94295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 94295

108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp ST 14-01 WARD)

2. FULL NAME Baby Martin Plalzki

(a) RESIDENCE NO 120 S. Carey ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22nd 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm A. Blalzki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary A Connell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Wm A Mary A Blalzki
(Address) 120 S. Carey St.

15 Filed OCT 12 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11/33

17

I HEREBY CERTIFY, That I attended deceased from 10/6 , 1933 , to 10/11 , 1933

that I last saw h alive on 10/11 , 1933

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Emphysema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Alma H Crowther M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	10/13/1933
20 UNDERTAKER John F Howard & Son	ADDRESS 901 Hollins St

TION is very important. See instructions on back of certificates. Brief statement of OCCUPA-

E 94296

M. D. B. 1268-9

E 94296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (Usual Residence) yrs. — mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George Elbert Odell

(a) Residence: No. 210 York Rd St., Towson Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Elbert Odell

6. DATE OF BIRTH (month, day, year) June 20 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Towson Md

FATHER

13. NAME William H Ruby

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Ann Eliza Whitter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Geo E Odell
(Address) 210 York Road Towson

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date 10/14 19 33

19. UNDERTAKER Henry H Weaver & Son
(Address) 307 N. Howard St

20. FILED 19 Registrar

OCT 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11 1933

22. I HEREBY CERTIFY, That I attended deceased from October 4 1933 to Oct. 11 1933

I last saw her alive on Oct. 11 1933 Death is said to have occurred on the date stated above, at 9:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	
Chronic Nephritis	
Chronic Myocarditis	✓
Jaundice	

Other contributory causes of importance:

Uremia

Name of operation Lipectomy Date of Oct 9

What test confirmed diagnosis? Signs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard France, M. D.

(Address) Union Memorial Hospital

SIGNIFICANT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94297 ✓ E 94297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Barclay St. 12-C Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth P. Wise

(a) Residence: No. 1711 Barclay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Owen W. Wise

6. DATE OF BIRTH (month, day, year) September 30, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	-	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Virginia

FATHER

13. NAME Henry Rhodenizer

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Elizabeth Graham

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Alice Bozman
(Address) 5417 Mayview Ave.

18. BURIAL, CREMATION, OR REMOVAL Riverview Cemetery
Place Williamsport, Md. Date Oct. 14 1933

19. UNDERTAKER J. D. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Oct 12 1933
I last saw her alive on Oct 11 1933 Death is said to have occurred on the date stated above, at 12.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Oct 1-
Other contributory causes of importance: Generalized arteriosclerosis Chron. Ked. Nephritis	?

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) O. H. Vansant M. D.

(Address) Garrett Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]

E 94298

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94298

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 16-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Clara Clipper

(a) Residence: No. 1314 Longwood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): April 1-1889

7. AGE: Years 44 | Months 6 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Jer. Borcherdine

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Louise Lipp

16. BIRTHPLACE (city or town) (State or country): Unk.

17. INFORMANT: Records (Address): Balto City Hospt.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Oct 12 [illegible]

19. UNDERTAKER: Williams Cook (Address): 1217 St Paul Street

20. FILED OCT 12 1933 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-10 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-24- 1929 to 10-10- 1933

I last saw her alive on 10-10 1933 Death is said to have occurred on the date stated above, at 12 Midnite

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Unk
Other contributory causes of importance:	
Carcinomatosis	Unk

Name of operation: Date of: [illegible]

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Redsmith M. D.

(Address) Balto City Hospts

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9 E 94299 ✓ E 94299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Windsor

(a) Residence: No. Vestor Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vestor, Md

FATHER

13. NAME Thomas Windsor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Estelle Laird.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frank Windsor
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pinecrannes Date Oct 10. 1933

19. UNDERTAKER John C. Miller
(Address) 2465 E. Oliver St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1933 to Oct 12 1933

I last saw h... alive on Oct 12 1933 Death is said to have occurred on the date stated above, at 1250 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal Meningitis Meningococcus	Oct 10
Other contributory causes of importance: Toxemia	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Myron S. Tice M. D.

(Address) Sydenham Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1933

M. D. B. 12-29 E 94300 Rotterberg ✓ E 94300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton city Hospital Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d

2. FULL NAME John Rotterberg

(a) Residence: No. 2020 Christiana St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Rotterberg

6. DATE OF BIRTH (month, day, year) 2/13/1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	7	26 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Stephen Rotterberg

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Balto City Hosp
(Address) Resident

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date 10/13 193

19. UNDERTAKER Jones & Sons
(Address) 1800 Lanvale St.

20. FILED OCT 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/6 1933 to 10/11 1933

that I last saw him alive on 10/11 1933 Death is said to have occurred on the date stated above, at 4:15 pm.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder — Date of onset 6 mo

Other contributory causes of importance: Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Barnes M. D.

(Address) Balto City Hosp

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 94301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94301

CERTIFICATE OF DEATH

Registered No. 20-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Liston P. Jones

(a) Residence: No. 1918 W. Mulberry St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie E. Jones

6. DATE OF BIRTH (month, day, year) Sept 23/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett-Hayward

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Pearsons, Md.

FATHER

13. NAME John S. Jones

14. BIRTHPLACE (city or town) (State or country) Pearsons, Md.

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Pearsons, Md.

17. INFORMANT Mollie E. Jones

(Address) 1918 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Co Md Date Oct 15th 1928

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 13 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11/28. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Almost entire body scalded when steam boiler exploded — Date of onset Oct 10

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident — Date of injury Oct 10

Where did injury occur? Harford Co nr Phila Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place said to have been operating

Manner of injury a still

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 508 E Monument

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31-250B E 34302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34302

46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 S. Charles St. 23-61 (Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Axthelm

(a) Residence: No. 1629 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Axthelm

6. DATE OF BIRTH (month, day, year) April 6 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 37

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andreas Kopp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Schreck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edw. Windle (Address) 1629 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 14. 1933

19. UNDERTAKER Fred. G. Krause & Son
(Address) 203 E. 25th St. Baltimore, Md.

20. FILED Oct 17 1933 Huston Wilcox, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933 to Oct 11, 1933

I last saw her alive on Oct 10 1933 death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthenia #	Oct 11 33
Arteriosclerosis & Hypertension	Oct 33

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M.D.

(Address) 16 E. Centre St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. Form 3 E 94303 ✓ E 94303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital (St., Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh O'Connor

(a) Residence: No. 126 E. Montgomery Street (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/25/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	16	

OCCUPATION

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Archibald Connor

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary E. Patterson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 10/13/1933

19. UNDERTAKER Fred. A. Krause & Son
(Address) 203-205 S. Bond St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/3 1933 to 10/11 1933.

I last saw him alive on 10/11 1933 Death is said to have occurred on the date stated above, at 7:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung with Metastasis to Liver	6 mo

Other contributory causes of importance:

Bronchopneumonia	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Brown M. D.

(Address) Bolton City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268-9

E 94304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94304

CERTIFICATE OF DEATH

95-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 27-[illegible] Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Cohen Kohn

(a) Residence: No. Levandale Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hyman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Adolph Goldstein Krug

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ct. Sinai Date 10/13 19 33

19. UNDERTAKER Jack Levin Inc.
(Address) 1438 E. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to Oct 11, 1933.

I last saw her alive on Oct 11, 1933. Death is said to have occurred on the date stated above, at 10:23 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease & Congestive Failure	

Other contributory causes of importance:

Pulmonary Edema	
Cardiac Congestion	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Morley E. Hamm M. D.

(Address) Sinai Hospital

Yrs. 3

OCCUPATION is very important. See instructions on back of certificate.

Name, residence, and date of death must be given in plain terms, so that it may be properly classified. Exact statement of

E 94305

E 94305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Solan

(a) Residence: No. 25 S. High St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spanish- American War

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Solan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Carney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT ..... Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 10/13/33 19

19. UNDERTAKER Lucke & Sons
(Address) 1434 E. Fayette St

20. FILED OCT 13 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Omentum	10-6-33
Intestinal Obstruction	10-4-33

Other contributory causes of importance:
Cardiac Failure

Name of operation Exploratory Date of 10-8-33

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94306 ✓ E 94306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 247 N. Bruce St. 19-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10HRS. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BABY BOY WATKINS

(a) Residence: No. 247 N. BRUCE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 000

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, MD.

FATHER

13. NAME BERNIE CLYBURN

14. BIRTHPLACE (city or town) (State or country) LANCASTER, S.C

MOTHER

15. MAIDEN NAME CLORA KING

16. BIRTHPLACE (city or town) (State or country) GREENVILLE N.C.

17. INFORMANT MOTHER (CLORA WATKINS)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date Oct 11, 1933

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9.30 A.M. OCT. 11, 1933, to 1:30 P.M OCT. 30, 1933.

I last saw h.M alive on OCT. 11, 5 A.M, 1933. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Dunlevy, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C0CT136 0914 14

M. D. B. 1268-9 E 94307 ✓ E 94307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Home 822 N. Carrollton St. 46-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Cooper

(a) Residence: No. Aged Men + Women's Home St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Cooper

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

13. NAME Henry Long

FATHER

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Susie Bowes

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Samuel Cooper

(Address) 822 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt Auburn Cem Date 10/14 19 33

19. UNDERTAKER Samuel T. Hemsley

(Address) 578 Biddle St

21. FILED 19 Registrar.

113933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1933 to Oct 11 1933

I last saw her alive on Oct 11 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	?
Other contributory causes of importance:	
arterio-sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94308 ✓ E 94308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-21 Ward)

Length of residence in city or town where death occurred ..... yrs., ... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Thacker

(a) Residence: No. 610 Perkins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/15/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ernest Thacker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maudie Robinson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Relative JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 10/13/33

19. UNDERTAKER Samuel T. Hemsley
(Address) 3718 Biddle St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933 to Oct-11, 1933

I last saw him alive on Oct-11, 1933 Death is said to have occurred on the date stated above, at 11 05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia, B. suipestifer	Sept 7

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 94309 ✓ E 94309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 E. North St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Schaab

(a) Residence: No. 2107 E North St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Anna Schaab

6. DATE OF BIRTH (month, day, year) Nov 6 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufact. Tailor

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Bath Me

FATHER

13. NAME Peter Schaab

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Hammel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Schaab

(Address) 2107 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem Date Oct. 19 . 1933

19. UNDERTAKER Fiedler Lassahn & Son

(Address) 2401 Belair Road

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 11 1933 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 19 33 to OCT 11 1933 19

I last saw him alive on OCT 11 1933 19 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & Intestines	June 1933
Other contributory causes of importance:	
Toxic absorption	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward H. Hook M. D.

(Address) 413 N Arrasmington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0 E 94310 ✓ E 94310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St. 16-04 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ½ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Anderson

(a) Residence: No. 2224 Preston St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jessie Rich

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother
(Address) 2224 Preston St

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS HOSPITAL 19

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4 . 19 22

22. I HEREBY CERTIFY, That I attended deceased from 7/4/22 . 19 ..., to 7/4/22 . 19 .....

I last saw h[illegible] alive on 7/4/22 . 19 ..... Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	7/4/22

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? x-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Harold Y. Stout M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Each statement of fact must be given as nearly as possible, and it may be properly classified. Each statement of

M. D. B. 1268-9 E 94311 ✓ E 94311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ½ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Bulawa

(a) Residence: No. 2220 Christian St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1922

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	0	1½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Paul Bulawa

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Leinbach

16. BIRTHPLACE (city or town) (State or country) N. Y. city

17. INFORMANT mother
(Address) 2220 Christian St

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS HOSPITAL Date ..... 19...

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/22 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/16/22 . 19 . to 6/17/22 . 19

I last saw her alive on 6/17/22 . 19 . Death is said to have occurred on the date stated above, at 4 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
premature birth	6/16/22

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Merrill P. Stout M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94312

E 94312

277440
Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

34

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 2d ; 21-01 St. ; Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Brown

(a) Residence: No. 904 Russell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 2 00

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Gray

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Oct 13 1933

19. UNDERTAKER Bernard P. Fennelly
(Address) 818 Druid Hill Ave

20. FILED ..... 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 , 1933 to Oct. 9 , 1933

I last saw her alive on Oct. 9 , 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Tuberculosis	Jan. 1931
Other contributory causes of importance:	
Syphilis, latent	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry A. Stetten, M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9 E 94313 ✓ E 94313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27129 107-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. Life St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Aaron Chapman (Chatmon)

(a) Residence: No. 436 Orchard St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/14/33

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Chapman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Oct 13 33
Place Date

19. UNDERTAKER Bernard P. Hemley
(Address) 818 Druid Hill Ave

20. FILED ...19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-22- 1933, to Oct-11- 1933.

I last saw him alive on Oct-11 1933. Death is said to have occurred on the date stated above, at 3 15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-28-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Lowe M. D.
(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—100 Bks. E 94314 ✓ E 94314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 E. Preston St. 9-01 Ward)

2-FULL NAME Laura Virginia Hunter

(a) RESIDENCE No. 1228 E. Preston St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or WIFE of) George H. Hunter

6 DATE OF BIRTH (month, day, and year) Mar 25-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lt Hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Harriett Bunce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mattie McCabe (Address) 45-Seaton Place N.W. Washington, D.C.

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 .1933. to Oct 12 .1933.

that I last saw h(er) alive on Oct 11 .1933.,

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Asthma

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Geo Lewis Dull, M. D.

Oct 13 1933 (Address) Cockeysville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 10/14 1933

20 UNDERTAKER Chas. P. Mares & Son

ADDRESS Belmont Royal Ave

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94315 ✓ E 94315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 N Gilmor St., 15-Ct Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Viola V Plato

(a) Residence: No. 1646 N Gilmor St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Plato.

6. DATE OF BIRTH (month, day, year) Sept 17/1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 0/7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Major Gray

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Maggie Jones

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Maggie Gray

(Address) 1646 Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Cem Date Oct 14 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston ave St

20. FILED ....., 19.... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Oct 11, 1933

I last saw h.... alive on Oct. 10, 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	9/.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. N. Hatcher M. D.

(Address) 1225 Pa Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94316 ✓M E 94316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Z 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St., Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 mos. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J. Hall

(a) Residence: No. 1317 Argyle ave St., Ward. Fairmont W Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle

6. DATE OF BIRTH (month, day, year) May 14, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 04

12. BIRTHPLACE (city or town) (State or country) Fairmont, W Va

FATHER

13. NAME Tilghman Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rebecca Johnson

(Address) 1317 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem Date Oct 13, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct , 19 , to , 19

I last saw h alive on Oct 10, 19 Death is said to have occurred on the date stated above at 4.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Cord Injury Cervical Region	10/3/33
Other contributory causes of importance: Automobile Accident	10/3/33

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 3, 1933

Where did Injury occur? Myrtle Ave nr Harlem (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Struck by auto while walking across street

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph Adams M. D. Coroner

(Address) 1200 E Madison St

OCCUPATION is very important. See instructions on back of certificate. THE CAUSE OF DEATH in plain terms so that it may be understood.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94317

CERTIFICATE OF DEATH

E 94317

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna C. Koerner

(a) Residence: No. 17 No. Kenwood Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 24, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles A. Koerner

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Rose Dipler

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 16, 1933

19. UNDERTAKER Lilly & Zuleger Inc
(Address) 4034 Wabash St

20. FILED ..... 19 .....
Registrar.

OCT 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1933 to Oct. 11, 1933

I last saw her alive on Oct. 11, 1933 Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Christopher C. Thacher M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

94318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94318

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 O. Donnell St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Long

(a) Residence: No. 3117 O. Donnell St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary W. Long.

6. DATE OF BIRTH (month, day, year) June 2nd 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packing House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Kruse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wm Kruse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary W. Long.

(Address) 3117 O. Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct. 14th, 193

19. UNDERTAKER Zilby + Zilber Inc

(Address) 403 S Wolfe St

20. FILED ... 193 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12th, 193

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Oct. 12, 1933

I last saw him alive on Oct. 11, 1933 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Several years
Chronic Nephritis	"

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public place** ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) 434 S. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94319

CERTIFICATE OF DEATH

E 94319

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lanair Nursing Home St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Hagan

(a) Residence: No. 3514 E Hamilton Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of William J. Hagan

6. DATE OF BIRTH (month, day, year) Jan 4 - 1882

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
51	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Gisberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT A. Mary Gastfield

(Address) 2221 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL Balto Cem Date 10-14-33

19. UNDERTAKER Leonard Bruch

(Address) 350 Wayne Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1933, to October 11, 1933.

I last saw her alive on October 11, 1933. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Chronic Myocarditis	
Arteriosclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.

(Address) Lying-in Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94320

CERTIFICATE OF DEATH

94100

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Madison Ave & Clowdale Rd St., 13 Ward)

Length of residence in city or town where death occurred? ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Gichner / Kaufman

(a) Residence: No. Rear Garden apt, Madison St., Clowdale Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Sidney Kaufman

6. DATE OF BIRTH (month, day, year) Jan 10 1883

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
50	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Jacob Gichner

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Hannah Engel

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Rose E Gichner (Address) 3201 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Pl. Beth Tfiloh Cem. Date 10/15/ 1933

19. UNDERTAKER Abrid Sondheimer Son (Address) 1202 Eutaw Place

20. FILED 10 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12th 1933 to Oct 13 1933

I last saw h.r alive on Oct 13th 1933. Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset

Other contributory causes of importance:

Cardiac fatigue

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Rose E Gichner M. D.

(Address) 3201 Garrison Blvd

Registrar

M. D. B. 1268-9

94321 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94321

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 19-C Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fortuna Burley

(a) Residence: No. 508 W. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm Burley

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT William Burley

(Address) 508 W. Vincent St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Cem Date Oct 13, 1933

19. UNDERTAKER Adolphus Halstead

(Address) Caloxadale Ave Balto

20. FILED ..... 19..... Registrar.

OCT 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1933 to 10-7, 1933

I last saw her alive on 10-7, 1933. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension Cardiovascular Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Hynes M.D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 927 P 94322

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 N. Patterson Pk. Ave. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Ann Doll

(a) Residence: No. 1909 N. Patterson Pk. Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Doll

6. DATE OF BIRTH (month, day, year) Dec. 12, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Tracey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary J. Hagen

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Wm. Doll
(Address) 1909 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 14, 1933

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED OCT 13 1933 Thurston Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1933, to October 11, 1933.
I last saw her alive on October 10, 1933. Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 yrs ago
Arterial Hypertension	
Senile Changes	
Other contributory causes of importance:	
Chronic Dilatation	5 days ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94323 1323

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allen Morris.

(a) Residence: No. 213 N. Aull St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE | Years 28 | Months 3 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Tim Morris

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Susie (?)

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date Oct. 16 1933

19. UNDERTAKER Edward Bryan & Co.
(Address) 1631 Pleas...

20. FILED OCT 13 1933 Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1933 to Oct 12 1933
I last saw him alive on Oct 12 1933 Death is said to have occurred on the date stated above, at 10:30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis 2nd humerus (Tuberculous)	1931
Acute Bronchopneumonia	10/10/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. L. Cannon M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-H 2508

E 94324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94324

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St. BALTIMORE MD. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Voek

(a) Residence: No. 4401 Parkmont Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) March 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
24	25	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)

FATHER

13. NAME William Volk

14. BIRTHPLACE (city or town) Balto
(State or country)

MOTHER

15. MAIDEN NAME Sophia Tytina

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT George Lindlof
(Address) 4401 Parkmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct 16 1933

19. UNDERTAKER Wm. H. C. Ruppert Inc.
(Address) 37 N. Arnold Washington Boulevard, Md.

20. FILED ... 19... ... Registrar.

OCT 17 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1933, to Oct. 12, 1933

I last saw h.. alive on Oct. 12, 1933 death is said to have occurred on the date stated above, at 2:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2 weeks
Pulmonary edema	1 day

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S. M. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 126-9 E 94325

E 94325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Fait Avenue St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Zygmund Michalski

(a) Residence: No. 2813 Fait Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Anna Michalski

6. DATE OF BIRTH (month, day, year) Oct, 31/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwrigh Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Michalski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maryanna Borowiak

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Michalski
(Address) 2813 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Polish Place National Holy Cross Date Oct 14 1933

19. UNDERTAKER George A Weber
(Address) 725 S Ann Street

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct, IIth 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2 1933 to Oct 11 1933

I last saw h.(M) alive on Oct 10 1933 Death is said to have occurred on the date stated above, at 8. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Bronchial)	1932
+ Metastases to Skull	
+ Vertebrae	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward J Beetzman, M. D.

(Address) 350 Fait ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 94326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94326

CERTIFICATE OF DEATH.

186-001

1-PLACE OF DEATH Home for Aged M.E. Church

REGISTERED NO. _____

City of BALTIMORE: (No. 2211 Rogers Ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sarah Dreuner (Dreuner)

(a) RESIDENCE NO. Home for the Aged of the M E Church St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? — yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ (or) WIFE of William Dreuner

6 DATE OF BIRTH (month, day and year) Aug. 19-1848

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	85	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (City or town) _____

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jno Conthwait

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore Md

14 Informant Mary B Sout Ret. Supt.

(Address) 2211 Rogers Ave

15 Filed _____ 19 _____ Registrar

3 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct. 12-1933.

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1933, to Oct 12, 1933,

that I last saw h— alive on Oct. 11, 1933,

and that death occurred, on the date stated above, at 10 a m.

The CAUSE of DEATH was as follows:

*Coroner Notified

Hypostatic Pneumonia (Cora)

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Fractured L. Hip

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Usual Examination

(Signed) George C Shannon, M. D.

Oct 13 1933 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Oct 14 1933

20 UNDERTAKER George J Smith ADDRESS 1532 Hollins

M. D. B. 1268-9

E 94327

94327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Armistead

(a) Residence: No. 1842 Eagle St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 12 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11 10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME McKinley Armistead

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Estella Moore

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Estella Armistead

(Address) 1842 Eagle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Cem Date Oct 14, 1933

19. UNDERTAKER Joseph A Sively

(Address) 1019 N Mount Street

20. FILED OCT 16 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

E 94328

Spec. 6-9-39—H. P. Co.—1000 Blks.

E 94328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 534 N. Decker Ave (St.) 7-01 (Ward)

2-FULL NAME William T. Fruburger

(a) RESIDENCE (No.) 534 N. Decker Ave (St.) (Ward.)

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 28, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jacob H. Fruburger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sarah J. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Grace Towel

(Address) 534 N Decker Ave

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11th 1933

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1933, to Oct. 11, 1933, that I last saw him alive on Oct. 11th, 1933, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm. M. Pannebaker, M. D.

, 19 (Address) 2740 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct 14th 1933

20 UNDERTAKER Towell & Byers

ADDRESS 2904 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

E 94329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94329

131 V

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 N. Schroeder ST. 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ellen Bentzel

(a) RESIDENCE NO. 328 N. Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 7 mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Bentzel

6 DATE OF BIRTH (month, day, and year) Feb. 14 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob N. Switzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Susanna Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Anna Derr

(Address) 328 N. Schroeder St

15 Filed 3 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13/33

17 I HEREBY CERTIFY That I attended deceased from Dec 14 1933 to Oct 13th 1933

that I last saw her alive on Oct 12th 1933

and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Carcinoma Jaw

Pneumonia

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edw. A. Lauenbacher, M. D.

(Address) 224 S. Howard Ave. 1933

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Oct. 16 1933

20 UNDERTAKER Chas. E. Foarch

ADDRESS 702 Madison Ave

AACo. 5-31 1508

94330 E 94330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 97

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St. E-01 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 36 yrs. ... mos. ... ds.

2. FULL NAME Joseph Vodanek

(a) Residence: No. 1239 Laurens Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mall	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Vodanek

6. DATE OF BIRTH (month, day, year) February

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Adolph Vodanek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Vodanek

(Address) 1239 Laurens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oakfield Date Oct 15 1932

19. UNDERTAKER Frank Crockett

(Address) 1906 Gilmore St

20. FILED ... Registrar

OCT 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1932 to October 13, 1932

I last saw h[illegible] alive on Oct 13, 1932 death is said to have occurred on the date stated above, at 5 55 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Arteriosclerosis	?
2) Angina pectoris heart failure	1
Other contributory causes of importance:	
1) Bronchial asthma	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. W. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 94331

94331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 Gwynn Avenue St. 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel J. Gibson

(a) Residence: No. 350 Gwynn Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mathilda Belt

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	---	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Railroad
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Not obtainable
14. BIRTHPLACE (city or town) Not obtainable
(State or country) " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT Mrs. Mathilda B. Gibson
(Address) 350 Gwynn Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 10/14/ 19 33

19. UNDERTAKER Henry H. Mears and Son
(Address) 805 N. Eutaw St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 , 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16th 33 to Oct 11 1933
I last saw him alive on Oct 10th 33 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of Rectum	1932
b	

Other contributory causes of importance:

Name of operation Biopsy Date of Aug 33
What test confirmed diagnosis Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, when? ...

(Signed) H. Shuckerhaut M. D.
10.12.33 (Address) 1401 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

3 1933

M. D. H. 1268-9

94332

E 94332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail St. 10-21 Ward)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? 8 yrs. — mos. — ds.

2. FULL NAME Joseph Law

(a) Residence No. 122 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36 ~~70~~	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Law

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah McMillin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Stewart Law

(Address) 1216 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Oct 14 1933

19. UNDERTAKER Henry Stock Sons, Inc

(Address) 321 E Fayette St

20. FILED Oct 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from —, 19— to —, 19—

I last saw h— alive on January 19— Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	4 days

Other contributory causes of importance:

Myocarditis unknown

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James M Fenton Coroner, M. D.

(Address) 7001 Charles

Spec.—9-30—A. & Co.—250 Bks.

E 94333

94333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 V

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp. St. 9-W WARD)

2-FULL NAME Mr. Benedict H. Haller

(a) RESIDENCE No. 1613 - Lemmon St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta M. (nee Wolfenden.)

6 DATE OF BIRTH (month, day, and year) 11/13/79

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 062

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph T. Falter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Eichelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Henrietta M. Falter 1613 Lemmon St.

15 Filed ..... 19 ..... Registrar

Huntington Williams, M.D.

1 31 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11/33

17

I HEREBY CERTIFY, That I attended deceased from 10/8, 1933, to 10/11, 1933

that I last saw him alive on 10/11, 1933

and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Tracheotomy Date of 10/10/33

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Adolph H. Crawther M. D.

10/11, 1933 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 10/14 1933.

20 UNDERTAKER Harry F. Weitzel. ADDRESS 4101 Edmondson Ave.

FROM is very important. See instructions on back of certificates.

M. D. B. 1268-0

Paull E 94334

HEALTH DEPARTMENT—CITY OF BALTIMORE

94334

CERTIFICATE OF DEATH

108 V

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lester E. Paull

(a) Residence: No. 3024 Virginia Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Lelia Paull (nee Fuller)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1893.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Nicholas Paull

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Mrs. Lelia Paull

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs. Lelia Paull
(Address) 3024 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 14, 19 33

19. UNDERTAKER Harry E. Reitzke
(Address) Edmondson Ave.

20. FILED 13 1933 Hampton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1933, to Oct-11th, 1933
I last saw him alive on Oct 11th, 1933 Death is said to have occurred on the date stated above, at 7.38 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/9/33
Other contributory causes of importance:	
Mitral Insufficiency	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John D. Bubert M. D.

(Address) 3608 Sequoia Ave

OCCUPATION is very important. See instructions on back of certificate.

Y. 5-43

M. D. H. 1268-9

94335 E 94335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 E. Chase St., 8th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 67 yrs. mos. ds.

2. FULL NAME Henry Yakel

(a) Residence: No. 2707 E. Chase St., 8th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Johanna Yakel

6. DATE OF BIRTH (month, day, year) Dec. 5, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 74	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 47 yr

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Yakel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William H. Yakel

(Address) 2709 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Springfield Cemetery Oct. 15, 1933

19. UNDERTAKER Weer & Son Inc. Sykesville Md.

20. FILED OCT 13 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933, to October 12, 1933

I last saw him alive on October 9, 1933. Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	Several years ago.
Other contributory causes of importance: Pulmonary Oedema	2 d.s ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St

Spec.—12-9-25—A Co.—200 Blks.

E 94336

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94336

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 43 E. Barney St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Pettengill

(a) RESIDENCE NO. 43 E. Barney St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Pettengill

6 DATE OF BIRTH (month, day, and year): Sept. 17. 1870

7 AGE: Years 63; Months; Days 24; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Boilermakers Helper

(b) General nature of industry, business, or establishment in which employed (or employer): 073

(c) Name of employer: B & O. R. R.

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER: Ephriam Pettengill

11 BIRTHPLACE OF FATHER (city or town): Mass.

(State or country)

12 MAIDEN NAME OF MOTHER: Catherine Scott

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant (Address): Mrs. Lena Pettengill 43 E. Barney St.

15 Filed ..... 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 11. 1933

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to Oct 11, 1933, that I last saw him alive on Oct 11, 1933, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hyslop M. D.

10/12/1933 (Address) 18 Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. a.a. Date of Burial: Oct. 14 1933

20 UNDERTAKER: Margaret A. Flynn ADDRESS: 1422 Light

Huntington Ms. 12-11-33 JHN

IMPORTANT.—SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-30—M. & T.—250 Bks

E 94337

94337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 Poultney St. (ST.) 23-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Behrens.

(a) RESIDENCE NO. 10 Poultney St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of ~~WIFE of~~ Philipena Behrens.

6 DATE OF BIRTH (month, day, and year) January 17, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor. 0 70

(b) General nature of industry, business, or establishment in which employed (or employer) Light St. M. E. Church

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Conrad Behrens.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Amanda M. Burke.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Philipena Behrens. (wife) 10 Poultney St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11, ~~1933~~

17 I HEREBY CERTIFY, That I attended deceased from September 27, 1932 to October 11, 1932.

that I last saw him alive on October 11, 1932.

and that death occurred, on the date stated above, at 6.07 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Right Hemiplegia.

(duration) ... yrs. ... mos 14 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? 10 Poultney st.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Otto Hittenhardt, M. D.

10/12/32 (Address) 1017 S. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 10/14 1933

20 UNDERTAKER Margaret G Flynn

ADDRESS 1422 Light.

Filed OCT 31 1933 ... Registrar

M. D. B. 1268-9

94338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ M E 94338

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul A. Ermey

(a) Residence: No. 5 W Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) Oct 3, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at (this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James A Ermey

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anita Goode

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT Eva Morton

(Address) 1238 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct 14, 1933

19. UNDERTAKER Robert Williams

(Address) 1515 McElderry St

20. FILED Oct 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 . to , 19

I last saw h alive on Injury 1933 Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	

Other contributary causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/10, 1933

Where did injury occur? Falls Rd & 20th St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury Head with multiple fractures

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2200 E Madison St

M. D. B. 1268-B

E 94339

94339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 27-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Thawley

(a) Residence: No. 6034 Carter Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Thawley

6. DATE OF BIRTH (month, day, year): Aug 15th 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Armstrong Ed

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Queen Annes Co Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Friends Louis Vogt

(Address): Balt City Hosp 6034 Carter Ave

18. BURIAL, CREMATION, OR REMOVAL: Controller Gr Wds Co

Place: Date: Oct 14th 1933

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Oct. 11, 1933

I last saw him alive on Oct. 11, 1933 Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days
Arteriosclerosis	"
Hypertension	"

Other contributory causes of importance:

Name of operation ..... Date of ..... Yes

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Powell M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

94340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. B 94340

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5506-Fernpark Ave St. 28-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Elizabeth Hildebrandt

(a) Residence: No. 5506-Fernpark Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan 4th - 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Art Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Herman Hildebrandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C. Wayne

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Marie L. Hildebrandt

(Address) 5506 Fernpark Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mortuary Date 10/14/33

19. UNDERTAKER Jos. Wilson & Son

(Address) 2503 Edmondson Ave

20. FILED Huntington Hilton Registrar.

OCT 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1933, to Oct 13, 1933

I last saw her alive on Oct 13, 1933. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Right	Sept 27-33

Other contributory causes of importance: Arteriosclerosis - Chronic Interstitial Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances [illegible] M. D.

(Address) 2634 Harrison Blvd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

✓ E 34341

E 34341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, 10-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Vernon Aler

(a) Residence: No. Martinsburg (Usual place of abode) West Va. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Vernon Aler.

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer. 642

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office

10. Date deceased last worked at this occupation (month and year) June, 1933.

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Martinsburg (State or country) West Va.

FATHER

13. NAME Samuel Aler.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Virginia Cooner.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Aler

(Address) R. F. D. Martinsburg W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va. Date 10/13, 1933

19. UNDERTAKER L. H. Thrasher & Son

(Address) Martinsburg W. Va.

20. FILED 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/9/33, 19 ... to 10/13/33, 19 ...

I last saw him alive on 10/13 1933 Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	June 1933
Other contributory causes of importance: Renal insufficiency Uremia.	June 1933 10/15 33

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical symptoms Blood Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Richard Francis M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

94342 E 94342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat 25-21 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brother Pius Summers

(a) Residence: No. Mt St Joseph College St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 60	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. College

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mt Hope Records

(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Oct. 16. 1933

19. UNDERTAKER Fred A. Krauss & Son

(Address) 703 E. Howard St.

20. FILED ... 19...

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 5 1933 to October 13 1933

I last saw him alive on October 13, 1933 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous Nephritis - Edema - Hydrothorax	?

Other contributory causes of importance

Arteriosclerosis with dementia	

Name of operation None Date of

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hill, M. D.

(Address) Mt Hope Retreat

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94343 E 94343

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N. Calhoun St. St., 19-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ---mos.---ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Carroll.(C)

(a) Residence: No. 307 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Eugene Carroll(C) ~~Do not know.~~

14. BIRTHPLACE (city or town) (State or country) Maryland. ~~Do not know.~~

MOTHER

15. MAIDEN NAME Catherine Johnson.(C) ~~Do not know.~~

16. BIRTHPLACE (city or town) (State or country) ~~Do not know.~~ Maryland.

17. INFORMANT Mary E. Brown.(C) cousin.
(Address) 307 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 14, 1933

19. UNDERTAKER Charles G. Cooper
(Address) Lyric Building

20. FILED ---, 19--- ---------- Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ---, 19---, to ---, 19---

I last saw h--- alive on ---, 19--- Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ---, 19---

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto Leinhardt, M. D. Coroner

10/11/33 (Address) 1017 S. Charles St.

M. D. B. 1268-9

✓ E 94344

94344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Stewart

(a) Residence: No. none St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Jennie Stewart

6. DATE OF BIRTH (month, day, year) June 15, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0d

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Hampshire

FATHER

13. NAME Ezra Stewart

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bu[illegible] Cem Date Oct 14 1933

19. UNDERTAKER Frew McCauley
(Address) 28 E Fort Ave

20. FILED ... Registrar.

OCT 14 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933 to Oct 10, 1933.

I last saw him alive on Oct 10, 1933 Death is said to have occurred on the date stated above, at 10¼ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	6 mos.
Pneumococcus Septicaemia	4½ days
Other contributory causes of importance:	
Secondary Anemia	6 mos.

Name of operation ... Date of ...

What test confirmed diagnosis? Laboratory, clinical + autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) P. H. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94345

CERTIFICATE OF DEATH

E 94345

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Luther C. Read Virginia G. Read

(a) Residence: No. 552 W University Parkway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Luther C. Read.

6. DATE OF BIRTH (month, day, year) Oct 24, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	11	2019	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia (?)

FATHER

13. NAME Dr Richard Tregany

14. BIRTHPLACE (city or town) (State or country) Virginia (?)

MOTHER

15. MAIDEN NAME Malvina Miner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Read Hoke (Address) 552 W University Parkway

18. BURIAL, CREMATION, OR REMOVAL Place Pine Ridge Date Oct 14 19 33

19. UNDERTAKER A. Merke & Co (Address) Corner Pine & College

20. FILED ... 19 ... Registrar.

OCT 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-6-33, 19 ... to 10-13-33, 19 ...

I last saw her alive on 10-12-33, 19 ... Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows: ~~Myocardial infarct~~ — Date of onset

Arteriosclerotic Heart Disease

Other contributory causes of importance:

Fracture of femur Aug. 3 - 33

Coroner J. Thompson

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 94346

E 94346

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Waters

(a) Residence: No. 559 Pierstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Waters

6. DATE OF BIRTH (month, day, year) May 26 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	4	1316	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William H. Waters

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Caroline Hagan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louis Waters
(Address) 559 Pierstman

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/17/ 1933

19. UNDERTAKER Mr. George E. Colliflower
(Address) 1210 Druid Hill Ave

20. FILED 10/17/ 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12/1933

22. I HEREBY CERTIFY, That I attended deceased from 10/6 1933 to 10/12 1933.
I last saw him alive on 10/12 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral stricture with urinary retention	8 days

Other contributory causes of importance:

Uremia	
Bronchopneumonia	6 days

Name of operation Suprapubic Cystostomy 6/6/

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) G. R. Brown, M. D.
(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94347

E 94347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 96-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Christian Breneman

(a) Residence: No. 6912 Fairhill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: May Greenland Breneman

6. DATE OF BIRTH (month, day, year): April 30, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
65 68	5	12	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Furnace Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mechanicsburg Pennsylvania

FATHER

13. NAME: Christian Breneman

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Thusmalda Mathia

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. May Breneman

(Address) 6912 Fairhill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cemetery Date Oct 15 1933

19. UNDERTAKER George J. Kluth Son

(Address) 425 Wagner Av Phone

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at / p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull.	
Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Oct 11 1933

Where did injury occur? Home of Deceased

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Fell down stairs in Barn

Nature of Injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. P. Veeramah M. D.

Coroner

(Address) 1200 N. Patterson Pk

M. D. R. 1268-9

✓ E 94348

94348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 E. Baltimore St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas (T) Claffey

(a) Residence: No. 1642 E. Baltimore Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?????

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60 to	65		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dr. J.S.H. Potter
(Address) 508 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Oct. 14, 1933

19. UNDERTAKER Geo. J. Kirk Son
(Address) 1735 Madison Ave Balto

20. FILED OCT 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8/33 ?, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Myocardial Insufficiency	
(Found by Police seated at table with food on it-Oct 9/33)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. H. Potter Coroner, M. D.

(Address) 508 E. North Ave.

M. D. B. 1268-9

Salvaggio V E 94349

E 94349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Maryland General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Carl Savaggio

(a) Residence: No. 2514 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 24, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	18 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Salvaggio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angeline Bellistri

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/14/33 19

19. UNDERTAKER George J. Mintz & Son
(Address) 1933 Harford Ave. Balto

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1933, to Oct. 13, 1933

I last saw him alive on Oct. 13, 1933 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	Sept 24
Pulmonary Hemorrhage	Oct. 13

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. J. Shaver, M. D.

(Address) Md. Gen. Hospital

OCCUPATION IS very important. See instructions on back of certificate.

AACo. 5-31 250B

94350

HEALTH DEPARTMENT—CITY OF BALTIMORE

94350

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Fairmont ave W. St.) (6-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Burke

(a) Residence: No. 1622 W. Fairmont ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Burke

6. DATE OF BIRTH (month, day, year): March 5 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Elizabeth N. C.

FATHER

13. NAME: Thomas Burke
14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Cornelius Stalls
16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT (Address): Rose Burke 1522 W Fairmont

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 16, 1933

19. UNDERTAKER: Mrs. Katie R Williams
(Address) 322 1 Schroeder st.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933 to Oct 12, 1933

I last saw h[e] alive on Oct 12, 1933 death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1928. 33

Other contributory causes of importance:

Arteriosclerosis Cerebral Hemorrhage	Fall 1931.

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William H Wright, M. D.

(Address) 1209 Presstman St

M. D. B. 1268-8

E 94351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 N. Augusta St., 46-01 Ward)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis H Kutz

(a) Residence: No. 630 N. Augusta Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 6th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Kutz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Hirschenbatt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Timothy M Hurley

(Address) 630 N Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 10/14/ 1933

19. UNDERTAKER Ely J Graham & Son

(Address) 1901 Harlem St.

20. FILED ... 19... Registrar.

OCT 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Oct 12 1933

I last saw h... alive on Oct 12 1933. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteris Ulcus, Ingurgitation Commencated by Ulcus Chs Intestinal Origin	
Other contributory causes of importance: Pulmonary Oedema	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Norbert O Nitsche M. D.

(Address) 3151 Walbrook ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

94352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94352

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 N. Patterson Pk. Ave. St. 7 21 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Janice M. Codd

(a) Residence: No. 715 N. Patterson Pk. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herbert Codd

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ann Yeager

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Herbert Codd (Father (
(Address) 715 N Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Aug. 14, 33 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Oct 12, 1933

I last saw h[illegible] alive on Oct 12, 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Endocarditis	life
Other contributory causes of importance:	
Cardiac failure	

Name of operation None Date of .....

What test confirmed diagnosis? - Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ..... 19.....

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury .....

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Walter E. Bacon M. D.

(Address) 100 E Eager St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 9435 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94353

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals — Registered No. 34

CITY OF BALTIMORE: (No. 1 Balto Md St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Borden

(a) Residence: No. 643 S. Paca ST. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Luther

6. DATE OF BIRTH (month, day, year) 9-17-05

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 63

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Matilda Turner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) Balto City Hospts.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 10/15/33

19. UNDERTAKER Isaiah L Bryant Son
(Address) 614 Montgomery st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-20- 1933 to 10-11- 1933

I last saw her alive on 10-11 1933 Death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Unk
Other contributory causes of importance:	
Luetic Infection	Unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Harry F Dowell M. D.
(Address) Balto City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 94354

94354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6102 Bertram Ave, 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gottlieb Karcher.

(a) Residence: No. 6102 Bertram Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Karcher

6. DATE OF BIRTH (month, day, year) Feb 1, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman ~~Saloon~~ School

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry E. Karcher.

(Address) 6102 Bertram Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood. Date Oct 14. 1933

19. UNDERTAKER Ehrenwerth Son

(Address) 3415-17 Chestnut Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933 to Oct. 12, 1933

I last saw him alive on Oct. 11, 1933 Death is said to have occurred on the date stated above, at 5 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	2 yrs.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) 2802 Hanford Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 94355

HEALTH DEPARTMENT—CITY OF BALTIMORE

94355

V 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore At Hosp St. 26-01 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dupree

(a) Residence: No. Home St., Ward. 12

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Dupree (Dead)

6. DATE OF BIRTH (month, day, year) March 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steveder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Robert Dupree

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Jennie Hudson

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 14, 1933

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1933, to October 8, 1933

I last saw him alive on Oct. 8, 1933 Death is said to have occurred on the date stated above, at 3:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma ? ? ?	?
C generalized metastasis	?
a bones.	

Other contributory causes of importance:

Name of operation ..... Date of ..... Yes

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Carey A. Kiefer M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94356

HEALTH DEPARTMENT—CITY OF BALTIMORE

94356

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman's Hosp

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Frances Frederick

(a) Residence: No. 29 N. Catherine St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Frederick

6. DATE OF BIRTH (month, day, year) July 6, 1[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 60[illegible]	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ? Kusty

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Zwail

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm G. Frederick
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 16 1933

19. UNDERTAKER Lee F. Schmidt
(Address) 2101 Frederick Ave

20. FILED [illegible] 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Oct 13 1933
I last saw her alive on Oct 13 1933 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	1931
Uremia	Oct 11, 33
Other contributory causes of importance:	
Hypertension	1917

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Allen Dickert M. D.
(Address) Woman's Hospital

M. D. B. 1268-9

E 94357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94357

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward) 19-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Rice

(a) Residence: No. 12 So. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archibald Rice

6. DATE OF BIRTH (month, day, year) 10/11/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Asheville, N.C.

FATHER

13. NAME Jeremiah Crook

14. BIRTHPLACE (city or town) (State or country) Asheville, N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Myrtle Clark

(Address) Ashville N C

18. BURIAL, CREMATION, OR REMOVAL

Place Ashville N C Date Oct 14 19 33

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

20. FILED Oct 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from August 2 1933 to Oct. 13 1933

I last saw her alive on October 13 1933 Death is said to have occurred on the date stated above, at 8 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1932
Other contributory causes of importance:	
Generalized Arteriosclerosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 94358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Remington Ave St., 12 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Taylor

(a) Residence: No. 3108 Remington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Taylor

6. DATE OF BIRTH (month, day, year) Sept 5th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME Patrick Brennan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Tarleton

16. BIRTHPLACE (city or town) (State or country) Carleton Ireland

17. INFORMANT Mrs Agnes Krebs (Address) 3108 Remington ave

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cemetery Date Oct 17, 19 33

19. UNDERTAKER Chas. E. Deuse & Son (Address) 1111 Pratt St

20. FILED Oct 14 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1933 to Oct 13 1933

I last saw h[illegible] alive on Oct 13 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Oct 33

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Copley M. D.

(Address) 217 Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

E 94359

94353

277392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 53

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earle Newbaugh

(a) Residence: No. Connellsville Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Unk

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/14/08

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Thos Newbaugh

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Edda Roby

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Family
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Morgantown W Va Date 10/14/33

19. UNDERTAKER Joseph Abrams
(Address) 22 E Lanvale

20. FILED 10/14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 13, 1933

I last saw him alive on Oct-13, 1933. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Cerebellar Malignant	1927

Other contributory causes of importance:

Cerebellar Exploration October 3, 1933 Date of

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94360

94360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x207

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Dorsey.

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) Bowie, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married HUSBAND of Gladys Dorsey.

6. DATE OF BIRTH (month, day, year) August 16, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R.R.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME John Dorsey.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Gladys Dorsey, (wife)

(Address) Bowie, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Queen's Chapel (Date Oct 14 1932)

19. UNDERTAKER Francis Gaeche's Sons.

(Address) Hyattsville, Md.

20. FILED Oct 14 1933 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6.05 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull and both legs. Struck by engine of Pa.R.R.Co.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Enquired Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury ... 19...

Where did injury occur? Frederick & Caton Ave.

Specify whether injury occurred in industry, in home, or in public place On railroad tracks.

Manner of injury Struck by engine of Pa.R.R.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Eisenhard Coroner, M. D.

(Address) 1017 E. Oneida St. 10/14/32

M. D. B. 1268-9

E 94361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94361

CERTIFICATE OF DEATH

V 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Sara Amsky

(a) Residence: No. 1778 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Van Kraw

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Van Kraw

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 10/15/33 19

19. UNDERTAKER Jack Levin Inc

(Address) 1437 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to Oct. 13, 1933

I last saw h.. alive on Oct. 13, 1933. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Other contributory causes of importance:	
Cerebral Thrombosis	
Arteriosclerosis	
Diabetes Mellitus	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Lesser M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

P 113088

M. D. B. 126 E 94362 E 94362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth 5 yrs. mos. da.

2. FULL NAME Earl Heintz

(a) Residence: No. 101 E. Springfield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Jacob Heintz

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Huder

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Leland Pennington Rd Date 10/18/33 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933. to Oct 15 1933.

I last saw him alive on Oct. 15, 1933. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Hemiplegia, Right	
Other contributory causes of importance:	
Bronchopneumonia	
Arteriosclerosis	
Chronic Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Werner M. D.

(Address) Sinai Hosp.

M. D. B. 1268-9 E 94363 E 94363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phoebe Ferguson

(a) Residence: No. 1627 Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of David Ferguson (Dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Charles Atkinson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Millie Cole

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn cemetery Date Oct 15 1933

19. UNDERTAKER John W. Henderson (Address) 1612 Monument St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2d, 1933 to October 12, 1933

I last saw her alive on Oct. 12, 1933 Death is said to have occurred on the date stated above, at 5-15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial failure	8 hrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagard M. D.

(Address) Balt City Hosp.

OCCUPATION IS VERY Important. See INSTRUCTIONS on BACK of Certificate.

M. D. B. 1268-9 E 94364 E 94364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Strathmore & Grindon Aves. 26-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucille Knorr

(a) Residence: No. Strathmore & Grindon Aves St., 712 S Clinton St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Knorr

6. DATE OF BIRTH (month, day, year) Dec 25/1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin Buckley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marie Lebrun

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John A. Knorr
(Address) Strathmore & Grindon Aves

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdale Date 10/12/33 19

19. UNDERTAKER Tully & Tully Inc.
(Address) 402 S Monroe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Other contributory causes of importance: Pulmonary Tuberculosis	??

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. McCann Coroner, M. D.

(Address) 708 E. Monument

M. D. B. 1288-9 E 94365 M E 94365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2V10-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 1 mos. ---ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rillian Teal.

(a) Residence: No. 1927 N. Collington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September -- 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	1	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paver,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Teal.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Rachael Hardin.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Rachael Teal.(rother)
(Address) 1927 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Bandon 10/16 1933

19. UNDERTAKER Martin Fakes Sons
(Address) 1827 W. north ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10.45 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage, fractured ribs and Pelvis with hemorrhage. Injured in automobile collision.

Accidental Death.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury Oct 12, 1933
Where did injury occur? Reisterstown, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On public road.
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Chas M Reinhardt Coroner, M. D.
10/14/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9 E 94366

E 94366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 5-91 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roscoe Lee Powell.

(a) Residence: No. 306 N High St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pacific Mount Date 10/15/33

19. UNDERTAKER Fuller & Lange

(Address) 1218 Pennsylvania Ave

20. FILED 10/16/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Morgan M. D. Coroner

(Address) 1305 Hollins St

M. D. H. 1209 E 94367

E 94367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 70-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry J. Tomlinson,

(a) Residence: No. 329 N. Bruce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine A Tomlinson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo Tomlinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Jennie Tomlinson
(Address) 329 N Bruce

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/16/33 19

19. UNDERTAKER J. Peter Lacy
(Address) 1318 N Gilmor St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1933, to October 13, 1933.

I last saw h.. alive on October 13, 1933. Death is said to have occurred on the date stated above, at 11:55 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	10/6/33
Septicemia	10/6/33
Ulcerative Stomatitis	10/6/33

Other contributory causes of importance:

Bronchopneumonia	10/12/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. Vernon Langenheim M. D.

(Address) University Hosp.

M. D. B. 1268-9

E 94368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94368

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH Levindale Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. ... St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 33 yrs. ... mos. ... ds.

2. FULL NAME Ida Blum

(a) Residence: No. Belvedere & Greenspring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Blum

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Blumberg
(Address) Levindale

18. BURIAL, CREMATION, OR REMOVAL
Place Sharaith Israel Cem. Date Oct 15. 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1121 E Baltimore St.

20. FILED ... 19... ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 12 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 6 - 9 . 1930 . to 10 - 12 . 1933

I last saw her alive on 10 - 12 . 1933 . Death is said to have occurred on the date stated above, at 10 65 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. card. valvular disease	
Hypertension	
Ch. Bronchitis & Emphysema	
Myocardial Insufficiency	

Other contributory causes of importance:

Cataract left eye	

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) H Edmund Levin . M. D.

(Address) Levindale

M. D. B 1268-9 E 94369 ✓ E 94369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E Lombard St. 3-01 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Legetsky

(a) Residence: No. 904 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nottulia Legitsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Norfolk Police (Address) Norfolk Va.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern ave Date Oct 15 1933

19. UNDERTAKER Sol Levinson & Bro (Address) 422 E Balto St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Oct 13 1933

I last saw him alive on Oct 13 1933. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932

Other contributory causes of importance: Chronic Arthritis

Name of operation None Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury X, 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Lurie, M. D.

(Address) 134 E Madison.

M. D. B. 1264 E 94370

E 94370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md Gen Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 15-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Althea B Liebman

(a) Residence: No. 4706 Garrison Blvd S., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Liebman

6. DATE OF BIRTH (month, day, year) Apr. 13-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Economist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con. Gas. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas J. Bevis

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT H.A. Bevis
(Address) Lancaster Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 16, 33

19. UNDERTAKER John O. Mattfeldt & Son
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/7/33 to 10/13/33

I last saw h... alive on 10/13/33 Death is said to have occurred on the date stated above, at 9.40 A m.

The principal cause of death and related causes of importance were as follows:

Encephalitis (Epid) — Date of onset .....

Other contributory causes of importance:

Bronchopneumonia

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. J. Davis M. D.

(Address) Md. Gen. Hospital.

Spec.—2-29-23—L.P. S. [illegible] E 94371

E 94371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1615 Park Ave. ST. 14-a WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sylvia Helm

(a) RESIDENCE NO. 1615 Park Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: inmate of

(b) General nature of industry, business, or establishment in which employed (or employer): baptist Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph H. Helm Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant

(Address) Records of Baptist Home

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 14-1933

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1933, to Oct. 14, 1933, that I last saw h[illegible] alive on Oct. 13, 1933 and that death occurred, on the date stated above, at 8 45 A m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular disease -

From history -

(duration) 8 yrs. — mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms -

(Signed) A. F. Robinson M. D.

10/14 1933 (Address) Medical Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Oct. 16 1933

20 UNDERTAKER: Edw. O. Mitchell & Son

ADDRESS: 1900 Eutaw Place

A&Co. 5-31 250B

E 94372 ✓ E 94372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 137

1. PLACE OF DEATH South Baltimore General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel B Haskill

(a) Residence: Osborneville, N.J. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	81	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Samuel B. Haskill
(Address) Osborneville. N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Freehold N.J. Date Oct 15th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 193., to Oct. 14, 1933
I last saw him alive on Oct. 14, 1933 death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	1931
uremia	10/12/33
Other contributory causes of importance:	

Name of operation Electrical resection of prostate Date of 9/28/33
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D McL Currie M.D.
(Address) So. Balto. Gen'l Hosp.

M. D. P. 1268-3

E 94373 ✓ E 94373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N Washington St., 11-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cornell

(a) Residence: No. 622 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Cornell

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgium

FATHER

13. NAME Andrea Dubois

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT Sidney Hooker

(Address) 309 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 16 19 33

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1933 to October 12 1933

I last saw h[illegible] alive on October 12 1933 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	not known
Other contributory causes of importance: Chronic Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 94374 ✓ E 94374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hosp. ST. 16-01 WARD)

2-FULL NAME Mrs. Lorraine Henneman

(a) RESIDENCE NO. 1121 N. Ashburton Ave ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~
~~Name of~~
(or) WIFE of Earl Henneman

6 DATE OF BIRTH (month, day, and year) 9-18-10

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	24	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Frances Seltzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Emmitsburg Md.

12 MAIDEN NAME OF MOTHER Ethel Foreman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Earl Henneman 1121 Ashburton St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) 10-13-33

17

I HEREBY CERTIFY, That I attended deceased from 10-3/33, 19..., to 10-13, 19 33

that I last saw her alive on 10-13, 19 33

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Surgical Shock.

(duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... Chronic Myocarditis

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Cesarean Section

Did an operation precede death? yes Date of 10-13-33

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Alpha H. Knowlton M. D.

(Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 10/16/1933

20 UNDERTAKER Wm Cook — ADDRESS 217 St Paul St.

Reg. No. 1333

Reg. No. ML

Sec. instructions on back of certificate.

M. D. B. 1268-9

E 94375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94375

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 E. Melrose Ave St. 27-01 Ward)

and Baltimore County

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Otis Manning

(a) Residence: No. 34 E. Melrose Avenue St. 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Loretta Clark Allnutt

6. DATE OF BIRTH (month, day, year) Aug. 8 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston, Massachusetts

FATHER

13. NAME Charles Manning

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER

15. MAIDEN NAME Catherine May Rice

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Allan E Davis

(Address) 3411 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Green Mount Date Oct 16 1933

19. UNDERTAKER Kenny Funeral Home

(Address) 1111 Eutaw Place

20. FILED Oct 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1933 to Oct. 14 1933

I last saw him alive on Oct. 13 1933. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	10/11/33

Other contributory causes of importance: —

Name of operation — Date of 0

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. Johnson M. D.

(Address) Medical Arts Building

M. D. B. 1268 E 94376 ✓ E 94376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 W. Calvert St. 11-04 (Ward)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth yrs. mos. ds. 76 0 0

2. FULL NAME Walter Garland

(a) Residence: No. 1011-11 Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Smith Garland

6. DATE OF BIRTH (month, day, year) About 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance 086

10. Date deceased last worked at this occupation (month and year) About 1931

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

FATHER

13. NAME Robert Kirby Garland

14. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

MOTHER

15. MAIDEN NAME Elizabeth P. Wolfe

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

17. INFORMANT Mrs. John Garland (son)

(Address) 2 Arbutus St-City

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 16 1933

19. UNDERTAKER Leonard Co. Funeral Co.

(Address) 1111 Druid Park Drive

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1933 to October 13, 1933

I last saw him alive on October 13, 1933. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Diabetes Mellitus	
Coronary Thrombosis (Kreuzd)	
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Anthony V Bachuss, M. D.

(Address) 309 Thornhill Road

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 M. E 94377 ✓ E 94377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 418 E. 21st ST. 12-01 WARD)

2—FULL NAME Anderson Spicer

(a) RESIDENCE NO. 418 E. 21st ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Spicer

6 DATE OF BIRTH (month, day, and year) June 26, 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Arundel Corp.

9 BIRTHPLACE (city or town) Howard Co., Md.
(State or country)

PARENTS

10 NAME OF FATHER Adolphens Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Mary Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Vernon Spicer
(Address) 418 E. 21st St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933 to Oct 8, 1933, that I last saw him alive on Oct 8, 1933 and that death occurred, on the date stated above, at 10:30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory tests

(Signed) Jack J. Bunger, M. D.

, 19 (Address) 504 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery — DATE OF BURIAL Oct. 16 - 1933

20 UNDERTAKER Horace E. Burger — ADDRESS 3631 Falls Rd.

M. D. B. 1268-9

E 94378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Streeper St. St., 6-01 Ward)

Length of residence in city or town where death occurred 50 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Bridget A. Welsh

(a) Residence: No. 110 N. Streeper St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Welsh

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Timothy Hanley.

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Nevelent
(Address) 414 N. Linwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross. Date Oct 17, 33

19. UNDERTAKER: John F. Logan
(Address) 3500 E. Baltimore St.

20. FILED ..., 19.. Registrar.

OCT 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933, to Oct 14, 1933

I last saw her alive on Oct 13, 1933. Death is said to have occurred on the date stated above, at 8 30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arter. Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Kent Hanley M. D.

(Address) 1836 E. Eager

OCCUPATION IS very important. See instructions on back of certificate.

E 94379 ✓ E 94379

Spec.—12-9-25—M Co—10 bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of Poor 1200 W. Baltimore St. Ward)

2-FULL NAME George Slade

(a) RESIDENCE NO. Little Sisters of the Poor-1200 Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 20-1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Slade

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Gohary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant [illegible]

(Address) [illegible]

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19 33

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 1933, to Oct 13 1933, that I last saw him alive on Oct 13 1933, and that death occurred, on the date stated above, at 7 [illegible] a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ____ yrs. ____ mos. ✓ ds.

CONTRIBUTORY Arteriosclerosis
(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

10/14, 1933 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Ignatius Hickory Harford Co Md Date of Burial Oct. 16, 1933

20 UNDERTAKER John A. Mann ADDRESS 3000 E. Balto St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 4033 Hunter [illegible]

M. D. B. 1268-9

E 94380

E 94380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In front of 31 E. Cross St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Anderson

(a) Residence: No. 517 E. Gittings St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of Catherine Anderson.

6. DATE OF BIRTH (month, day, year) May 30, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oyster shucker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Catherine Anderson. (wife)

(Address) 517 E. Gittings St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Hill Date 10/16/33

19. UNDERTAKER Charles F. Stevens

(Address) 1504 E. Eager

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency.
Acute dilatation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Heinrand M. D.

Coroner

10/12/33 (Address) 1017 E. Charles St.

AACo. 5-11 250B 694381

HEALTH DEPARTMENT—CITY OF BALTIMORE E 94381

CERTIFICATE OF DEATH

+82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John C. Feuerstein

(a) Residence: No. 2-3rd Ave. Brooklyn Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lulu Feuerstein

6. DATE OF BIRTH (month, day, year) Aug 9 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Order clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Feuerstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Hoss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nettie Schuler

(Address) #2 3rd Ave Brklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Edgewood Hill Date 10/17 19 33

19. UNDERTAKER Wm. Cook & Son

(Address) 1214 St Paul St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/14/33, 19, to 10/15/33, 19

I last saw him alive on 10/15/33 19 death is said to have occurred on the date stated above, at 5 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cerebral hemorrhage	10/14/33

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M.L. Currie M. D.

(Address) So. Balto. Gen'l Hosp.

M. D. P. 1268-A

E 94382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94382

694382

CERTIFICATE OF DEATH

X 68

Registered No. .....

1. PLACE OF DEATH: St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton Ave 25-01 St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Charles Primus
(a) Residence: No. Hollins Ferry Road St., English Consul Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Primus

6. DATE OF BIRTH (month, day, year) Nov 6 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M/Bowers

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edith Primus wife
(Address) English Consul

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Date 10/18 1933

19. UNDERTAKER John C. Cook
(Address) St Paul & Preston Sts

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to ..... 19.....

I last saw h.~~im~~ alive on Oct 14, 1933 Death is said to have occurred on the date stated above, at 11.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addisons Disease	3 yrs

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) John C. Cook M. D.
(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

10 1933

Spec. 2-29-28—L. F. S.—500 M E 94383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94383

93-003 94383

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 E 32nd ST. 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John B. Hafferbert

(a) RESIDENCE NO. 1613 E 32 ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S. Hafferbert

6 DATE OF BIRTH (month, day, and year) Aug 8 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Common Brick

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Philip Hafferbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Leyhe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth S. Hafferbert wife

(Address) 1613 E 32

15 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14. 33

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28. 1933, to Oct 14. 1933, that I last saw him alive on Oct 13. 1933, and that death occurred, on the date stated above, at 6.20 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Decompensated)

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Chas Fa. Stearns, M. D.

10/14/1933 (Address) 2878 Hartford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview

DATE OF BURIAL 10/17/1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St

M. D. B. 126-B E 94384 E 94384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94384
92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie O. Koellein

(a) Residence: No. 1917 Perlman Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Koellein

6. DATE OF BIRTH (month, day, year) Aug 23/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	43	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Pasterfield

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rena Saco

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Henry Koellein
(Address) 1917 Perlman Place

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Oct. 16th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 2.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	Oct 12/33
Other contributory causes of importance:	
Mitral Stenosis	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Partial yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) John Cain Coroner M. D.

(Address) 1006 E North Ave

M. D. H. 1268-9 E 94385

E 94385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 N. Stricker St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Helen Thomas Thompson

(a) Residence: No. 346 N. Stricker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robt.

6. DATE OF BIRTH (month, day, year): Dec 20 1856

7. AGE: Years 76 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Johnson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Laura Brighton

(Address) 346 Stricker.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 10/15 1933

19. UNDERTAKER Chas. I. Wm. Eisenhardt

(Address) 638 W. Lexington

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 13 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Funk Coroner M. D.

(Address) ...

E 94386 E 94386

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 159

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3808 Hanover - St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benj Ekerson Davis =

(a) RESIDENCE NO. 3808 Hanover - St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 14 (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant -

6 DATE OF BIRTH (month, day, and year): Oct- 14 - 33

7 AGE Years Months Days IF LESS than 1 day 14 hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant - do

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore =

(State or country) Maryland =

PARENTS

10 NAME OF FATHER Doctor Davis -

11 BIRTHPLACE OF FATHER (City or town) Katta

(State or country) S. Carolina -

12 MAIDEN NAME OF MOTHER Jennie Paulovich

13 BIRTHPLACE OF MOTHER (city or town) Balto -

(State or country) Maryland =

14 Informant Doctor Davis -

(Address) 3808 Hanover St -

15 Filed OCT 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct- 14 - 1933 -

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Oct 14, 1933, that I last saw him alive on Oct- 14, 1933, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth =

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X -

Was there an autopsy? X -

What test confirmed diagnosis?

(Signed) [signature], M. D.

19 (Address) 1300 S. Charles St -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem.

Date of Burial: 10/16 1933

20 UNDERTAKER: L. F. McCully

ADDRESS: 130 E. Fort

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—300 M. E 94387

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94387

CERTIFICATE OF DEATH

92-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3731 Roland ave. ST. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret A. Reynolds

(a) RESIDENCE NO. 3731 Roland Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of James J. Reynolds

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER John O'mahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Reynolds

(Address) 3731 Roland Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-14-33

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to Oct 14, 1933,

that I last saw her alive on Oct 14, 1933,

and that death occurred, on the date stated above, at 8:20 a m.

The CAUSE OF DEATH* was as follows: Cardio Renal disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs 10 mos. ds.

If Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John F. Bowman, M. D.

10/14, 1933 (Address) 3732 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Oct. 17, 1933
20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc.	125 E. North Ave.

M. D. R. 1268-9 E 94388 E 94388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr James Granville Howard

(a) Residence: No. 3005 Elm Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mrs. G. J. Howard

6. DATE OF BIRTH (month, day, year) June 28, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4 3	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren, Md.

FATHER

13. NAME James Howard md.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ann Berry md.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma E. Howard

(Address) 3005 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL Poplar Bulls Co Md Date Oct 17, 1933

19. UNDERTAKER Thos. Wilson & Son

(Address) 3615-17 E. Fenton Ave

20. FILED Oct 17 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-13-33, 19 to 10-14-33, 19

I last saw him alive on 10-14-33, 19 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
hypertension	
cerebral hemorrhage	10-13-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard France, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 E 94389 E 94389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N. Dallas St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice E. Williams

(a) Residence: No. 931 N. Dallas St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	~~married~~ widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Private Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Daniel Whoppins

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

MOTHER

15. MAIDEN NAME Julia McKockey

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Mrs Griffin
(Address) 622 N. Freemont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Oct 15. 1933

19. UNDERTAKER Robt E. Williams
(Address) 915 N. Calvery St

20. FILED OCT 16 1933 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Oct 13/33~~ 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, 8.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Name of operation... Date of ...

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John H Ayres . M. D.
Coroner
(Address) 106 E Fayette

AACo. 5-31 250M E 94390 E 94390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1148 Longwood St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Eliz Moreland

(a) Residence: No. 1148 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Moreno C.

6. DATE OF BIRTH (month, day, year) 3-23-46

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER
13. NAME Md. W. Nagle
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Julia A. Amey
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Mrs Frank Clary 1148 Longwood

18. BURIAL, CREMATION, OR REMOVAL. Place Mount Olivet Date Oct 16 1933

19. UNDERTAKER (Address) John F. Dannr 715 Light St

20. FILED OCT 16 1933, 19... Fort Wayne, Ind. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-7-33, 19..., to 10-14, 1933

I last saw h alive on 10-13 1933 death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Ch. Nephritis	?

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benj. McCleary, M. D.
(Address) 400 N Payson

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94391 E 94391

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Liberty Hts St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Cassedy

(a) Residence: No. 3700 Liberty Hts Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie F. Cassedy

6. DATE OF BIRTH (month, day, year) Jan. 1, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9 10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treas Mgr. Balto Fire Patrol Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Cassedy

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Mary Patterson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Margaret Cassedy

(Address) 3700 Liberty Hts Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Mausoleum Date Oct. 16, 1933

19. UNDERTAKER Oliver Rice Sons.

(Address) 1 E. Lexington St. Baltimore, Md.

20. FILED OCT 16 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 33 to Oct 13 33

I last saw me alive on Oct 13 33 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Myocarditis	1 yr
Other contributory causes of importance: Edema Myocarditis	1 yr
Arteriosclerosis	

Name of operation ~ Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ... 19...

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Edmunds M. D.

(Address) 6707 Bellona Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94392

E 94392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3933 Lowndes Ave St., 9th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles C Plitt

(a) Residence: No. 3933 Lowndes St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Plitt

6. DATE OF BIRTH (month, day, year) May 6 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Botany

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Christian Plitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Heil

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nellie Plitt

(Address) 3933 Lowndes Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 16 19..

19. UNDERTAKER J. B. Tyssel & Son

(Address) 320 Eutaw place

20. FILED OCT 16 1933 19.. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9 - 1933 to Oct 13 - 1933

I last saw h alive on Oct 12 1933 Death is said to have occurred on the date stated above, at 11:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hypostatic with general arteriosclerosis	1933

Other contributory causes of importance:

Cerebral thrombosis	Oct 11 33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. H. 1268-9 E 94393 E 94393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Myers

(a) Residence: No. 3243 Belmont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Emma E. Myers

6. DATE OF BIRTH (month, day, year) Jan 29 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothier for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grief Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles C. Myers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Middleton

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

17. INFORMANT Emma E. Myers

(Address) 3243 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Oct 17 1933

19. UNDERTAKER F B Hupfer & Son

(Address) 300 Cathedral Place

20. FILED ....., 19..... M. ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14 1933

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1933 to October 14, 1933

Last saw h. alive on October 14, 1933. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension	
Arteriosclerosis	
Cerebral Hemorrhage, Left	
Cardiac Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L Katzenstein M. D.

(Address) Sinai Hospital

M. D. E. 1268-9 E 94394 Mary E. Von Muenchow

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94394

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 E. Oliver St. 8-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mrs Mary E Von Muenchow

(a) Residence: No. 1700 Oliver St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ August Von Muenchow

6. DATE OF BIRTH (month, day, year) 1-19-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Drager

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Bowers

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Mrs Rose Sister

(Address) 1700 E Oliver

18. BURIAL, CREMATION, OR REMOVAL

Place Emanuel Cemetery 10-17-33.

19. UNDERTAKER Wendell E. Humphreys

(Address) 1617 W. Broadway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 . 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22 . 1933 to Oct 14 . 1933

I last saw h.. alive on Oct 13 . 1933 Death is said to have occurred on the date stated above, at 7 a. .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Gall Bladder & Intestine	12 mos

Other contributory causes of importance:

Intestinal nephritis 10 days
Acute,

Name of operation Exploratory Date of 9-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury . 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) John A Evans . M. D.

(Address) 612 N 40 St

M. D. F 1265-9

E 94395

E 94395 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 7-3

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 E. Gibbons St (or) Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank H Foreman

(a) Residence: No. 2609 E Gibbons St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Sarah Foreman

6. DATE OF BIRTH (month, day, year) April 25-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Francis Foreman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry Foreman
(Address) 372 W. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cem Date. 10-17-1933

19. UNDERTAKER Leonard Bruce
(Address) 2305 Harford Ave

FILED ... 19... Registrar.

OCT 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 10/11 ... 19... to 10/14 ... 1933

I last saw h... alive on 10/14 ... 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Frank H Foreman M. D.

(Address) 5103 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94396

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94396

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 S. Charles St. 23-01 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 64 yrs. ... mos. ... ds.

2. FULL NAME Henry J. Beard.

(a) Residence: No. 1805 S. Charles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Beard.

6. DATE OF BIRTH (month, day, year) June, 12, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Engineer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England.

FATHER

13. NAME ---------- Beard.

14. BIRTHPLACE (city or town) (State or country) London, England

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) (State or country) London England.

17. INFORMANT Armand H. Beard.

(Address) 1805 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Staunton Va. Date Oct. 17. 1933

19. UNDERTAKER A. Howard Evans

(Address) 38 E. Fayette St.

20. FILED OCT 16 1933 H. [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1. 1933 to Oct 15. 1933

I last saw him alive on Oct 14. 1933 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	May 33
Other contributory causes of importance:	
Acute Dilatation of Heart	1 Day

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. B. Tompkins M. D.

(Address) 1644 Hanover

M. D. B. 1268-9 E 94397

E 94397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital. St. 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Roessler.

(a) Residence: No. 7 Carvel Ave. St. Halethorpe, Balto. Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of Lola Roessler.

6. DATE OF BIRTH (month, day, year) December 21, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Clerk. A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 604

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Roessler.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Amelia Kruegel.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Charles Roessler. (Father)
(Address) 5113 Gwynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 10/17 1933

19. UNDERTAKER Geo. Lindsay
(Address) 525 N. Fremont Ave.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of a gastric ulcer.	
Other contributory causes of importance:	

Name of operation No. Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt M. D.
Coroner

10/16/33 (Address) 1017 N. Charles St.

M. D. B. 1268-9 E 94398

E 94398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Chester

(a) Residence: No. 1014 Wilcox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Theodore Shester

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Lola Stokes

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Theodore Chester
(Address) 1014 Wilcox St

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Calvary Date Oct 16 33

19. UNDERTAKER Raynor Sanders
(Address) 2413 E Preston St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... , to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Probably)	10/8/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Fayette

M. D. R. 1268-9 E 94399 ✓ E 94399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 E Randall St. 10-01 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine E. Krause

(a) Residence: No. 1216 E. Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred A. Krause

6. DATE OF BIRTH (month, day, year) Feb. 13, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	69	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Healey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Gaffney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael Healey
(Address) 103 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct. 17 1933

19. UNDERTAKER Easton Sons
(Address) Edmondson Ave.

20. FILED OCT 16 1933 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 10th, 1932 to Oct 13th, 1933.

I last saw her alive on Oct 13th, 1933. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic aortic regurgitation from chronic interstitial nephritis, arteriosclerosis	2 to 3 years before death
Other contributory causes of importance: Hypostatic Bronchopneumonia	10/9/33

Name of operation None Date of ...

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Deibel M. D.

10/15/33 (Address) 1224-26 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94400 ✓ E 94400

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Ridgely St. St. 21-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Sackhoff

(a) Residence: No. 924 Ridgely St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore H. Sackhoff

6. DATE OF BIRTH (month, day, year) June 14, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter Hammel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Theodore H. Sackhoff
(Address) 924 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Oct. 17 1933

19. UNDERTAKER J. J. Beck
(Address) 1005 W. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15 1933 to Oct. 14 1933

I last saw her alive on Oct. 13 1933. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Exhaustion	10/12/33

Other contributory causes of importance:

Name of operation None Date of -

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Lumpkee M. D.

(Address) 1644 S. Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94401

E 94401

CERTIFICATE OF DEATH

8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Cottman Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Therese Sageder

(a) Residence: No. 4210 Cottman Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	7 8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0d0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Rupert Schuster

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Therese Sageder

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Therese Sageder
(Address) 4210 Cottman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 18 1933

19. UNDERTAKER Post & Cook
(Address) 1003 E Baltimore St

RECEIVED OCT 18 1933 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15 1933

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1933, to Oct. 15, 1933
I last saw her alive on Oct. 14, 1933 Death is said to have occurred on the date stated above, at 3am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	6 weeks
Medical Insufficiency.	2 months
Acute Dilatation of Heart	2 days

Other contributory causes of importance

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) E. S. Burr M. D.

(Address) 516 Cathedral St

Spec.—1-12-23—M&T—500 Blks.

Wallace ✓ E 94402

E 94402

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 661 N. Bane ST., 22-01 WARD)

2-FULL NAME. Hattie E. Wallace

(a) RESIDENCE NO. 661 N. Bane ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James N. Wallace

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	79 yrs.	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wicomico Co. Md.

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant [illegible]
(Address) [illegible]

15 Filed OCT 17 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12" 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31", 1933, to Oct. 12", 1933

that I last saw h.. alive on Oct. 12", 1933

and that death occurred, on the date stated above, at 9:35 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Heart Disease

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

Oct. 16, 1933 (Address) 1233 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem. DATE OF BURIAL: Oct 17, 1933

20 UNDERTAKER: Geo. A. Lively ADDRESS: 1099 N. Mount Street

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

✓ E 94403

HEALTH DEPARTMENT—CITY OF BALTIMORE

94403

CERTIFICATE OF DEATH

157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Baerwald

(a) Residence: No. 2732 E. Baltimore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 14, 1933

7. AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Rudolph K. Baerwald

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Frances Forney

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

17. INFORMANT Father
(Address) 2732 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Oak Lawn Cemetery Date Oct. 16 1933

19. UNDERTAKER Henry W. Meyerdierks
(Address) 845 Park Ave
Huntington Williams, M.D.
Registrar.

Oct 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to Oct 15 1933

I last saw h[illegible] alive on Oct 15 1933 Death is said to have occurred on the date stated above, at 1.00 p m.

The principal cause of death and related causes of importance were as follows:

Patent Ductus Arteriosus
Patent Inter-auricular Septa
(Congenital Heart Disease)

Date of onset

Other contributory causes of importance:
Atelectasis Left Lung.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Dickert M. D.

(Address) Woman's Hospital

M. D. B. 1268-9

E 94404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 17-W Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Alexander

(a) Residence: No. 1011 Pennsylvania Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 08
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N. C

FATHER

13. NAME Frederick Alexander
14. BIRTHPLACE (city or town) (State or country) Raleigh N. C

MOTHER

15. MAIDEN NAME Sally ?
16. BIRTHPLACE (city or town) (State or country) Raleigh N. C

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Moriah Cem. Md. Date Oct 16 1933

19. UNDERTAKER .....
(Address)

20. FILED 10-16-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to October 10 1933

I last saw him alive on Oct. 10 1933 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary	?
Heart disease, syphilitic aortic insufficiency	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) I. Phagel M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 94405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94405

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward) 3-01

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carey Quarles.

(a) Residence: No. 260 S. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

FATHER

13. NAME Miles Quarles

14. BIRTHPLACE (city or town) (State or country) Hanover Co Va

MOTHER

15. MAIDEN NAME Lina ?

16. BIRTHPLACE (city or town) (State or country) Hanover Co Va

17. INFORMANT Willie Hunter
(Address) 317 S. Spring St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 16 1933

19. UNDERTAKER
(Address)

20. FILED Oct 16 1933 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/15 1933 to 10/14 1933

I last saw him alive on 10/14 1933 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with heart disease	3 yrs
Chronic nephritis	3 mos?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto. City Hosp.

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Thomas E 94406

94406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lindsay Thomas

(a) Residence: No. 2 S Frederick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Date Oct 16 1933

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

0024

NOTOS

M. D. B. 1268-9 Mr. Norton will call in

E 94407

94407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 South Carey St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM KEYS

(a) Residence: No. 16 South Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie B. Keys

6. DATE OF BIRTH (month, day, year) March. 3rd 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William F. Keys.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Nannie B. Keys

(Address) 16 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 17th 1933

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

20. FILED [illegible] Registrar.

OCT 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 33 to Oct 14 19 33

I last saw him alive on Oct 14 19 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Carcinoma of Bladder 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 94408

E 94408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Stuckroth

(a) Residence: No. Sinai Hospital St., ... Ward.

(Usual place of abode) 2206 E Pratt St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Oct. 13. 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3 hr	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Stuckroth

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

MOTHER

15. MAIDEN NAME Annie Matuszek

16. BIRTHPLACE (city or town) Hamburg (State or country) Germany

17. INFORMANT Annie Stuckroth (Address) 2206 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/16/33, 19...

19. UNDERTAKER Philip Sterling Sons (Address) 2016 Eutaw Pl.

20. FILED ..... 19... Registrar.

OCT 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1933, to October 15, 1933

I last saw him alive on October 15, 1933. Death is said to have occurred on the date stated above, at 9 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/15/33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Archie Robin Cohen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Petrik

E 94409

HEALTH DEPARTMENT—CITY OF BALTIMORE

94409

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Northern Parkway St. 27-09 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? 3 yrs. ...mos. ...ds.

2. FULL NAME Joseph Petrik

(a) Residence: No. 3814 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Petrik

6. DATE OF BIRTH (month, day, year) July 26 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3 2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Petrik

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Barbara Kubes

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Petrik
(Address) 3814 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Patapsco Date Oct 18 1933

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

20. Filed OCT 16 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to Oct 15, 1933
I last saw h alive on Oct 15, 1933 Death is said to have occurred on the date stated above, at 1.45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	July 20/33
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. S. Hardesty M. D.

(Address) 4510 Belair Rd.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 94410

94410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 Washington Blvd) (WARD) 25-01

2-FULL NAME John Grade

(a) RESIDENCE NO. 2319 Washington Blvd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced (or) WIFE of Clara Grace

6 DATE OF BIRTH (month, day, and year)	Years	Months	Days	If LESS than 1 day, hrs. or min.
7 AGE	69	no	no	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Brick yard.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown.

14 Informant Bertie Privet (Address) 2319 Washington Blvd

15 Filed Oct 16 1933 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 14 . 1933 . to Oct 15 . 1933 . that I last saw him alive on Oct 15 . 1933 . and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis and Sclerosis of liver

(duration) no yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease (duration) no yrs. no mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Oedema and Heart action

(Signed) Hunt actin R.D. Hamer M. D.

(Address) 2708 Hollins Ferry Rd. Oct 16. 1933

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 10/18 1933

ADDRESS Loach Blvd

20 UNDERTAKER Edw Joulson

FROM IS VERY important. See instructions on back of certificates.

M. D. B. 1268-9

E 94411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Hollins Ferry Road Ward) Lakeland 25 wd

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur B. Knabe,

(a) Residence: No. 2822 Hollins Ferry Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Knabe,

6. DATE OF BIRTH (month, day, year) November 29. 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 66	10	15 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 175

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnstown Penna.

FATHER

13. NAME George A. Knabe,

14. BIRTHPLACE (city or town) (State or country) Livermore Penna,

MOTHER

15. MAIDEN NAME Anna M. Bowen,

16. BIRTHPLACE (city or town) (State or country) Johnstown Penna

17. INFORMANT Mrs Annie C. Knabe

(Address) 2822 Hollins Ferry Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 10/17/33 19 .....

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20 1933 to Oct 14 1933

Last saw h[illegible] alive on Oct 14 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Rectum	
Other contributory causes of importance: Carcinoma Rectum.	

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm E. Shannon M. D.

(Address) 22 N Fulton Av

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 94412

94412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 S. Carey St. St., 18-01 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amy Louise Chambers.

(a) Residence: No. 39 S. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David B. Chambers.

6. DATE OF BIRTH (month, day, year) January 21, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Motshman.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily Gering.

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT David B Chambers

(Address) 39 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL OCT 17 1933

Place London Park Date ... 19

19. UNDERTAKER Robert F Little

(Address) 2700 Edmondson Ave

20. FILED OCT 16 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 14 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1932 to Oct. 14, 1933

I last saw her alive on Oct. 14, 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio. Vascular Disease	

Other contributory causes of importance:

Name of operation ... Date of None

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William S. Dupuy M. D.

(Address) 1324 W. Lombard St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94413

94413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH Sinai Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Monument & Rutland St., 1-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Kedzierolski (Kendzierski)

(a) Residence: No. 2309 Fleet St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Joseph Kendzierski

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Kendzierski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Maryanna Nuestein
(Address) 2309 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hamilton Date Oct 17 1933

19. UNDERTAKER John M Weber
(Address) 1400 E. Chase St

20. FILED OCT 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1933 to 10-13 1933

I last saw her alive on 10-13 1933 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to Strangulated Ventral Hernia	10-9-33
Other contributory causes of importance: Toxemia	

Name of operation Colostomy Date of 10-12

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Sam M. D.

(Address) Sinai Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible] E 94414 E 94414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46

24-01

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1405 Riverside Ave. St., Ward)

Length of residence in city or town where death occurred 66 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Kate Ferguson

(a) Residence: No. 1405 Riverside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James G. Ferguson

6. DATE OF BIRTH (month, day, year) Aug. 20, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Augustus Meredith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Harriett Coleman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Howard Pfaff
(Address) 1405 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 18, 1933

19. UNDERTAKER Wm. F. Denny
(Address) 715 Light St

OCT 17 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7.15.33., 19..., to 10.15.33., 19...

I last saw her alive on 10.15.33 5.30 p.m. 19... Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	2 yrs.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? X Ray & Chemical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.....

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. Register No. E 94415

E 94415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25-01 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Schaffer.

(a) Residence: No. 2338 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 1st, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Schaffer.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Lauer.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Schaffer. (mother)
(Address) 2338 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Date Oct. 17 19 33

19. UNDERTAKER Geo. E. Zoucks & Son
(Address) Huntington Williams M.D.

20. FILED OCT 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia.	
unknown.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquir Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

10/16/33 (Address) 1917 E. Baltimore St.

M. D. B. 1948-9 E 94416

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94416

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 S. Belnord Ave. St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelmine Schmelz

(a) Residence: No. 623 S. Belnord Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schmelz

6. DATE OF BIRTH (month, day, year) March 7-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Eckstorm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Brauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Eberhardt
(Address) 623 S. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Oct. 17, 33

19. UNDERTAKER Wm. E. Miller & Son
(Address) 2334 Jefferson St.

20. FILED Oct 17 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933 to Oct 15, 1933

I last saw her alive on Oct 14, 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus	
Other contributory causes of importance:	
Injected foot	4 wks.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. A. Reifschneider, M. D.

(Address) 932 Eastern Ave

M. D. H. 1268-9 E 94417 E 94417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Madison Av St. 11-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mary Hill

(a) Residence: No. 1223 Madison Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin F. Hill

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston S. C.

FATHER

13. NAME Wm Gilliard

14. BIRTHPLACE (city or town) (State or country) Charleston S.C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Charleston S.C.

17. INFORMANT Benjam. F. Hill
(Address) 1223 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct 18 1933

19. UNDERTAKER Mrs R. A. Elliott & Sons
(Address) 1124 N. Carolina St

20. FILED Oct 19 1933 In Will

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1933 to Oct 14 1933
I last saw h alive on Oct 14 1933 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance: ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edw. J. Wheatley M. D.

(Address) 1230 Druid Hill Av

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. R. 1268-9 E 94418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94418

V 121

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward) 8-01

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Master John R T Hedeman Jr

(a) Residence: No. 2130 East Hoffman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced (write the word)~~
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Student~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.,

FATHER

13. NAME John Hedeman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Muriel Schaffe

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Parents

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 10/19/1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED OCT 19 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933 to Oct 15 1933

I last saw him alive on Oct 15 1933 Death is said to have occurred on the date stated above, at 6:40 Pm.

The principal cause of death and related causes of importance were as follows:

1. Appendicitis acute 3
2. Septicaemia

Date of onset Oct 14 1933

Other contributory causes of importance:

Name of operation Appendectomy Date of Oct 14/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gerald H Jordan M. D.

(Address) Church Home & Inf

OBSERVATION IS VERY important. See instructions on back of certificate.

AdCo. 5-31 2500 E 94419

E 94419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 W Stricker St. 16-01 Ward)

Length of residence in city or town where death occurred 4 yrs. 9 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Easton

(a) Residence: No. 1009 W Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Easton

6. DATE OF BIRTH (month, day, year) April 12 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) April 4 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Co Md

FATHER

13. NAME Alfred Bonnett.

14. BIRTHPLACE (city or town) (State or country) Annandel Co Md

MOTHER

15. MAIDEN NAME Eliza Dodds

16. BIRTHPLACE (city or town) (State or country) Annandel Co Md

17. INFORMANT Bertha Downes

(Address) 1009 W Stricker St

18. BURIAL, CREMATION, OR REMOVAL to Md

Place Halls Creek Calvert Co Date Oct 17 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preastman St

20. FILED ..... 19.. by .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932 to Oct 15, 1933

I last saw her alive on Oct 10, 1932 death is said to have occurred on the date stated above at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - Cerebral Hemorrhage (Rt Side Brain)	April 5 1932
Other contributory causes of importance Age - Arteriosclerosis	April 5 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Preastman ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94420

CERTIFICATE OF DEATH

V 94-001

1. PLACE OF DEATH Pronounced dead Balt City Hosp
CITY OF BALTIMORE: (No. Long Road Bay St. 76-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry L Hutchins Jr

(a) Residence: No. 4913 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Hutchins

6. DATE OF BIRTH (month, day, year) Sept 30 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	49	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harry Hutchins Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Zimmerman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Marion Hutchins
(Address) 4913 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Oct 17th 1933

19. UNDERTAKER Leo S. Cook
(Address) 1723 N Patterson Park Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) ...

E 94421

M. D. B. 12-34

E 94421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 22-01 St., 22 Ward)

Length of residence in city or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosario Carniglia

(a) Residence: No. 601 Washington Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatora Carniglia

6. DATE OF BIRTH (month, day, year) June 4th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Carniglia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Stefana Carniglia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr Salvatore Carniglia

(Address) 863 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/18/ 1933

19. UNDERTAKER John F Lowe & Son.

(Address) 901 Hollins St.

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to Oct. 14 1933

I last saw him alive on 10-14-33, 19 .. Death is said to have occurred on the date stated above, at 2.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Nephritis	
Arteriosclerosis	
Hypertension ; Cardiac Hypert. + Dilatation	
Chronic Myocarditis	

Other contributory causes of importance:

Diabetes
Hemorrhage into Cerebrum
Hemiplegia, left

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. A Weine, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 E 94422 E 94422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hosp St 12-04 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Yungling

(a) Residence: No. 444 Fawcett St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Yungling

6. DATE OF BIRTH (month, day, year) Dec 24, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	9	19/21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 040

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME McKendree Yungling

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md

MOTHER

15. MAIDEN NAME Martha Moore

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Wife

(Address) 444 Fawcett St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Chapel Cem Date Oct 17 1933

19. UNDERTAKER Edward Sondheim & Son

(Address) 1902 Eutaw Place

Huntington Williamsport Ind.

(Registered)

OCT 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1933, to 10-13 1933.

I last saw him alive on 10-13 1933 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage Collateral	2 yrs
Hypertension	?
Chronic nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 94423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94423

CERTIFICATE OF DEATH

V 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Archer St. St., 21-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Hughes.(C)

(a) Residence: No. 631 Archer St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~ Josephine Hughes.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Josephine Hughes.(C) wife.
(Address) 631 Archer St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 17, 1933

19. UNDERTAKER Mrs. Katie [illegible]
(Address) [illegible] Schroeder St.

OCT 17 1933

20. FILED [illegible] Pittsburgh Pittsburgh [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegic.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner . M. D.

(Address) 1017 N. Charles St.

AACo. 5-31 2M B

E 94424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94424

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Bentley St., 7-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Lang.

(a) Residence: No. 802 N. Bentley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Lang.

6. DATE OF BIRTH (month, day, year) Jan. 18 52

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ger.

FATHER

13. NAME Nicholas Vogel
14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Mrs. M. Kuhlman
(Address) 802 N. Bentley

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 18 1933

19. UNDERTAKER H. J. Berg
(Address) 1561 N. Fremont ave.

20. FILED: OCT 17 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 19 33

22. I HEREBY CERTIFY, That I attended deceased from 8-1-33 to 10-15 19 33
I last saw her alive on 10-15 19 33 death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Arteriosclerosis 11 yrs. — Date of onset 8/10/33

Other contributory causes of importance:

Acute Cardiac Decompensation 10/16/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.
(Address) 800 N. Bentley St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9.

94425 210-6 E 94425

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital 6-01 St., 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Edmond Schmidt

(a) Residence: No. 4210 Stanwood St., Atl Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Gustav Schmidt

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary E Hardy

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Gustav Schmidt
(Address) 4210 Stanwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Ave Date Oct. 19 33

19. UNDERTAKER Wm Lubkin & Sons
(Address) 2005 Orleans St
Huntington Ave

20. FILED OCT 17 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 ... to ... 19 ...
I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

Crushed Right Chest — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/14/33
Where did injury occur? In front of 4210 Stanwood Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street Accident
Manner of injury Struck by auto
Nature of injury while playing in street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Boatwright
1219 Baltimore Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94426

CERTIFICATE OF DEATH

107-001 E 94426

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Mosher St. 16-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Henry Rohmer

(a) Residence: No. 2518 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose K. Rosenberger

6. DATE OF BIRTH (month, day, year) May 23-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Philip Rohmer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Osborne

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Rose K. Rohmer
(Address) 2518 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 10 | 18 | 33 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

OCT 17 1933

Lexington Williams, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1933 to Oct 15 1933

I last saw him alive on Oct 15 1933 Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Oct 13

Other contributory causes of importance:

Myocarditis Oedema of Lungs	✓

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Edward Boatwright M. D.

(Address) 1219 Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

2128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94427

CERTIFICATE OF DEATH

E 94427

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Broadway St. 6-01 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 42 yrs. ... mos. ... ds.

2. FULL NAME Sadie D. Stuske

(a) Residence: No. 17 N. Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Frank Phillips

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Hyman Longlor
(Address) 205 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Name Hebrew Rosedale Date 10/17/33 19...

19. UNDERTAKER Jacob Levin Sons
(Address) 1439 E. Baltimore St

20. FILED OCT 17 1933 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14th, 1933 to Oct 16th, 1933

I last saw h.. alive on Oct. 16, 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Oct 14th
Other contributory causes of importance:	
Asthenia	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Harris Flinder M. D.

(Address) 2128 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94428

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH In front of

CITY OF BALTIMORE: (No. 206 S. Vincent St. St., 19-01 Ward)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha A. Cole.

(a) Residence: No. 206 S. Vincent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced.

5a. If married, ~~XXXXXXXXXXXX~~ ~~XXXXXXXXXXXX~~ (or) WIFE of Do not know.

6. DATE OF BIRTH (month, day, year) February 6, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Rogers.

14. BIRTHPLACE (city or town) (State or country) Tennessee.

MOTHER

15. MAIDEN NAME Elizabeth Cole.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Cora C. Yingling. (sister)
(Address) 601 Rapola St.

18. BURIAL, CREMATION, OR REMOVAL Date Oct 18 19 33
Place Pine Grove Cem.

19. UNDERTAKER John Lellink
(Address) 2008 Orleans St

20. FILED Oct 19 1933 Huntington Millard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) Otto H. Reinhardt Coroner, M. D.

(Address) 1017 N. Charles St. 10/19/33

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

E 94429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94429

CERTIFICATE OF DEATH

53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Jones

(a) Residence: No. 716 N. Milton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Milton H. Jones.

6. DATE OF BIRTH (month, day, year) 12-29-88

7. AGE: Years 44 | Months 9 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Philip Neary

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Madeline Birmingham

(Address) 716 N. Milton St

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Date Oct 17 1933

19. UNDERTAKER John C. Miller

(Address) 2435 E. Eden St

Huntington Williams

Co. FILED OCT 17 1933

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-17 1933 to 10-15 1933

I last saw her alive on 10-15 1933. Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Cirrhosis	1 yr
Amyotrophic Lateral Sclerosis	2 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94430

E 94430

CERTIFICATE OF DEATH.

82-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 135 E Randall St. 24-01 Ward)

2-FULL NAME Margaret Cameron

(a) RESIDENCE NO. 135 E Randall St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Horatio Cameron

6 DATE OF BIRTH (month, day and year): Oct. 12, 1865

7 AGE: Years: 68 | Months: | Days: 4 | IF LESS than 1 day.....hrs. or.....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: John Jackson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sarah Corrigan

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore Md

14 Informant (Address): Mrs Nellie Marsh 1401 William St.

15 Filed _____ Registrar

10 17 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933, to Oct 16, 1933, that I last saw h.e alive on Oct 16, 1933, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary): hypertension

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Paul Schlotterbeck, M. D.

10/16 1933 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

Date of Burial: 19

20 UNDERTAKER: Margaret G Flynn

ADDRESS: 1102 Light St.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94431

E 94431

CERTIFICATE OF DEATH

34

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

CITY OF BALTIMORE: (No. 23-01 St.....Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U.S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mrs. Bridget V. Mallard

(a) Residence: No. 1725 South Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Flynn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Gaughan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John E. Mallard
(Address) 1725 S. Charles Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct 18, 1933

19. UNDERTAKER Margaret J. Ellsner
(Address) 2107 N. Gilmor St

20. FILED Oct 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1933, to 10/16, 1933

I last saw her alive on 10/12, 1933, death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Goat Liver with Toxic Degeneration and Terminal Pneumonia	1931 — 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-9

✓ E 94432

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94432

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 Orleans St. 6-01 Ward)

Length of residence in city or town where death occurred 7 yrs. .. mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Arkie Leach

(a) Residence: No. 1745 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joshua Leach

6. DATE OF BIRTH (month, day, year) 7-4-1884

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	49	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelby N. C.

FATHER

13. NAME Edward Ronsul

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Parker Roberts

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Alma Jones

(Address) 1715 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date Oct. 18 1933

19. UNDERTAKER Byron Mamie E. Wright

(Address) Hunter & Pulliam Sts

20. FILED ..... 19 ..... Registrar.

T 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15- 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-24- 1933 to 10-15- 1933

I last saw h.. alive on 10-14- 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	

Other contributory causes of importance:

Uraemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. D. Gaegler M. D.

(Address) 611 N. Carrollton

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 94433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94433

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 N. Stricker St., 16-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Lee Morgan

(a) Residence: No. 1228 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert co md
(State or country)

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Rosa Randolph
(Address) 617 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct 18 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Freeman St

20. FILED OCT 17 1933 Hampton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1933 to Oct 14, 1933
I last saw h alive on Oct 13, 1933 death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	unknown
	about
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Marcellus Williams M. D.
(Address) 730 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94434

94434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-01 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Bond Street St., 8-01 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME JAMES NEWTON SMITH

(a) Residence: No. 1511 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Elizabeth Smith

6. DATE OF BIRTH (month, day, year): Nov. 6, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Assistant Supt. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fire Alarm Telegraph

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country): Baltimore, Md.

FATHER

13. NAME: George Thomas Smith

14. BIRTHPLACE (city or town, State or country): England

MOTHER

15. MAIDEN NAME: Margaret Green

16. BIRTHPLACE (city or town, State or country): England

17. INFORMANT: George Smith

(Address): 1511 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: Oct. 19, 1933

19. UNDERTAKER: Chas. E. Krause & Son

(Address): 1111 Cathedral St.

20. FILED: 19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933, to Oct. 16, 1933

I last saw him alive on Oct 14, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 3
Arteriosclerosis	

Other contributory causes of importance:

Chronic Nephritis	Aug 3

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Thomas M. Cullen M. D.

(Address) 2701 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Either OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94435

94435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 16-61

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius Johnson

(a) Residence: No. 1238 W. Lanvale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Essie Johnson

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME Benjamin C.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Easter Town Date 10/18 1933

19. UNDERTAKER Samuel J. Hemsley
(Address) 278 Pennsylvania Ave. Huntington Williams, M.D.
Registrar.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1933 to Oct. 15, 1933

I last saw him alive on Oct. 15, 1933 Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1932
Other contributory causes of importance:	
Pulmonary Hemorrhage	Oct. 15 1933

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Christopher C. Shaw M. D.
(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec—12-9-25—A Co.—200 Blks.

E 94436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94436

CERTIFICATE OF DEATH.

97-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Little Sisters of the Poor

City of BALTIMORE: (No. 1200 Valley St. 10-01 Ward)

2-FULL NAME Virginia Hiller

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ferdinand Hiller

6 DATE OF BIRTH (month, day, and year): Aug 1850

7 AGE: Years 83 | Months 2 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Ferdinand Hiller

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Emma Swalt?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Superior

(Address) Little Sisters of the Poor Valley

15 Filed Nov 17 1933 Hector Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Oct 14, 1933, that I last saw her alive on Oct 13, 1933, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) L. E. Barker, M. D.

Nov. 1933 (Address) 1114 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem Date of Burial 10/18 1933

20 UNDERTAKER: Geo C Fahey ADDRESS: Fulton Sayette

very important. See instructions on back of certificates.

M. D. B. 1268-9

E 94437

E 94437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2938 Elliott St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanora J. Skotarski

(a) Residence: No. 2938 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Skotarski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Jakumczak

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Jakumczak
(Address) 2938 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date Oct. 18 1933

19. UNDERTAKER Stephen J. Trutkowski
(Address) 1000 S. Kenwood Ave

20. FILED Oct 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1933 to Oct 15 1933

I last saw h.. alive on ..... 19..... Death is said to have occurred on the date stated above, at 1055 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 12 1933

Other contributory causes of importance:

Acute Cardiac dilatation	Oct 15 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William Rysanek M. D.

(Address) 801 S. Kenwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94438

E 94438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St. [illegible] Ward)

Length of residence in city or town where death occurred 88 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Engle

(a) Residence: No. Baltimore City Hosp. St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mr. [illegible]
(Address) 1031 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10-18-33

19. UNDERTAKER Wendell E. Humphreys
(Address) 1121 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/21/ 1926 to 10-14 1933

I last saw h[illegible] alive on 10-14 1933 Death is said to have occurred on the date stated above, at 1.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Emphysema	?
Chronic bronchitis	?
Senility	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

OCT 1933

Spec.—2-29-28—L. F. S.—500 Bks.

94439

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94439

23

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 E. Clement ST. 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna M. Kazmierski

(a) RESIDENCE NO. 1632 E. Clement ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kazmierski

6 DATE OF BIRTH (month, day, and year) Feb 9-1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bucks
(State or country) Pa.

PARENTS

10 NAME OF FATHER Joseph J. Scroggs

11 BIRTHPLACE OF FATHER (city or town) Bucks
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Morgan

13 BIRTHPLACE OF MOTHER (city or town) Bucks
(State or country) Pa.

14 Informant Henry Kazmierski
(Address) 1632 E Clement St

15 Filed 1-7-1933, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1933

17 I HEREBY CERTIFY, That I attended deceased from January 8, 19 33, to Oct 17, 19 33

that I last saw h.. alive on Oct 16, 19 33

and that death occurred, on the date stated above, at 9:20 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos. F. Sturms, M. D.

1/1, 19 33 (Address) 2678 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C. G. Co.

DATE OF BURIAL Oct 21 19 33

20 UNDERTAKER Jas. F. Sturms

ADDRESS 150 E Fort Ave

Important: See instructions on back of certificate.

M. D. B. 1268-E 94440 ME 94440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., Hospital Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Arthur E Griffith

(a) Residence: No. 4307 Old York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) March 30, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter, 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Joseph L. Griffith

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Dora Stiles

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Annie Griffith
(Address) 4307 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 5th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy to ....., 19..

I last saw h.. alive on injury & autopsy 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset .....

Other contributory causes of importance:

Automobile Accident

Name of operation Decompression Date of 10.13.33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 12, 1933.

Where did injury occur? York Rd & Arlington Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... street Accident

Manner of injury Struck by automobile

Nature of injury while walking across street

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify:

(Signed) ..... Coroner M. D.

(Address) 220 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

E 94441

M. D. B. 1284-9 E 94441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Tillman

(a) Residence: No. 1108 Argyle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Tillman

6. DATE OF BIRTH (month, day, year): 10-15-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	— /	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own Shop

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Heath Springs, S.C.

FATHER

13. NAME: William Tillman

14. BIRTHPLACE (city or town) (State or country): S.C.

MOTHER

15. MAIDEN NAME: Susie Pey

16. BIRTHPLACE (city or town) (State or country): S.C.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Carmel Cem Date: Oct 17 33

19. UNDERTAKER (Address): Dowd Easton 710 Eastern

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to Oct 16, 1933

I last saw h. alive on Oct 16, 1933 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm Tuberculosis	Apr. 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. W. Jacobson M. D.

(Address) Balto City Hospitals

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94442 E 94442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Stevens

(a) Residence: No. 561 Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Stevens

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Kent Co.
(State or country) Md.

FATHER

13. NAME Wesley Blake

14. BIRTHPLACE (city or town) Kent Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Thomas Blake
(Address) 561 Oxford St.

18. BURIAL, CREMATION, OR REMOVAL,
Place Mt Auburn Cem Date Oct 17. 33

19. UNDERTAKER Arnold Eastman
(Address) 916 Pa. Ave.

23. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Oct 15, 1933

I last saw her alive on Oct 15, 1933. Death is said to have occurred on the date stated above, at 12:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Oct 15 '33

M. D. F. 1268-9

E 94443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94443

CERTIFICATE OF DEATH

✓ 87-001

1. PLACE OF DEATH — Green Hall Apartments — 12-01

CITY OF BALTIMORE: (No. N.E.Cor.St. Paul & 33d Sts. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? --- yrs. --- mos. --- ds.

2. FULL NAME — Helen Thompson

(a) Residence: No. St. Paul & 33d St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Ashley Cooper Thompson

6. DATE OF BIRTH (month, day, year) — Feb. 7, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	89	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — West Middlebury, New York

FATHER

13. NAME — Philander Chaddock

14. BIRTHPLACE (city or town) (State or country) — West Middlebury, New York

MOTHER

15. MAIDEN NAME — Malvina Walbridge

16. BIRTHPLACE (city or town) (State or country) — Attica, New York

17. INFORMANT — Alta E. Thompson

(Address) Green Hall Apartments

18. BURIAL, CREMATION, OR REMOVAL

Place West Middlebury, New York (Date) 10/1[illegible]/33

19. UNDERTAKER — Kenly & Mears & Son

(Address) 509 W. Lanvale St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Oct. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 1933 to Oct 17 1933

I last saw h.e.r. alive on Oct 16 1933 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 17 '33
Aortic Sclerosis	1913

Other contributory causes of importance:

Chronic Bronchitis	1923

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Peter S. Kerlop M. D.

(Address) 12 E. 25th St

Via Penn. Railroad Escort Miss Alta E. Thompson

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94444

M. D. B. 1268-9

E 94444

277777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 753

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lina B Mayes

(a) Residence: No. Belle Haven, Va St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Mabbs

6. DATE OF BIRTH (month, day, year) 11/17/76

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56 57	11 0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Lloyd Buttingham

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ella Conquest

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Richmond Va Date Oct. 17 1933

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-12, 19.., to 33 Oct-17, 1933

I last saw her alive on Oct-17, 1933. Death is said to have occurred on the date stated above, at 4:33 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1922

Other contributory causes of importance:

Name of operation Right Craniotomy Date of 10-16-33

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

Oct 19 '33 (Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94445 E 94445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals V 34 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St., 17-01 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Coleman

(a) Residence: No. 651 N. Paca St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-12-'02

7. AGE: Years 31 | Months 4 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Ot

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) District of Columbia

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) D C.

MOTHER

15. MAIDEN NAME Ella Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) Balto City Hospts.

18. BURIAL, CREMATION, OR REMOVAL Place Lutheran Cem Date 10/19/33.

19. UNDERTAKER Charles J. Cooper (Address) 514 McCulloh St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-24-1933 to 10-15-1933

I last saw h.. alive on 10-15-1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Unk
Other contributory causes of importance:	
Luetic Infection	Unk

Name of operation ..... Date of ..... Yrs.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry J. Smith M. D.

(Address) Balto City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

G

HEALTH DEPARTMENT—CITY OF BALTIMORE

94446 E 94446

CERTIFICATE OF DEATH

V 209

1. PLACE OF DEATH U.Ry & E.Co.tracks

CITY OF BALTIMORE: (No. Three cent Bridge Westport. St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Hall.(C)

(a) Residence: No. Westport Dump. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	////////	////////	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Samuel Hall.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Margaret Hardy.(C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Frances Gray.(C) sister.
(Address) 321 N.Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Oct 18, 1933

19. UNDERTAKER Jos B Cook
(Address) 1003 E Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.19 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries Struck by Street Car	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquest Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Public place.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otis M. Steinhardt, M. D.
Coroner
10/16/33 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94447

CERTIFICATE OF DEATH

V 131 E 94447

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Carrollton Ave. St. 18-01 Ward)

Registered No.:

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice C. Michael

(a) Residence: No. 7 S. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grant G. Michael

6. DATE OF BIRTH (month, day, year) Aug 20 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

FATHER

13. NAME Marriott A. Brogunier

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Maria Rettburg

16. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

17. INFORMANT Mr. Grant G. Michael
(Address) 7 S. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 19 1933

19. UNDERTAKER D. Black
(Address) 1003 W. Baltimore St.

20. FILED . 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1 1933 to October 17 1933

I last saw her alive on October 16 1933. Death is said to have occurred on the date stated above, at 5.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Nitrites Retinitis	12 mos

Other contributory causes of importance:

Acute nephritis	Oct 2 '33
Cardiac dilatation	Oct 10 '33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 8 E. Read St.

M. D. B. 1 Rev. 9 E 94448

E 94448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

Registered No. 19-21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Audry Payne

(a) Residence: No. 1721 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Eugene Payne

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Eugene Payne (father)

(Address) 1721 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Oct 18 1933

19. UNDERTAKER Joseph A Lipsky

(Address) 1098 W. Mount Street

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16 1933

22. I HEREBY CERTIFY, That I attended deceased from October 16 1933 to October 16 1933

I last saw h[illegible] alive on October 16 1933 Death is said to have occurred on the date stated above, at 9 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Severe Nutritional Disturbance	10-2-33
No Inquest necessary Otho M. Reinhardt Coroner	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Racusin M. D.

(Address) Franklin Square Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

E 94449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94449

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Leadenhall St., 22-01 Ward)

Length of residence in city or town where death occurred 8 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Angeline Alston

(a) Residence: No. 823 Leadenhall St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jordan Alston

6. DATE OF BIRTH (month, day, year) April 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	6	unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm work

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 35 1/2 yrs

12. BIRTHPLACE (city or town) (State or country) Little Township North Dak.

FATHER

13. NAME William Canton

14. BIRTHPLACE (city or town) (State or country) Canton N. C.

MOTHER

15. MAIDEN NAME Cherry Canton

16. BIRTHPLACE (city or town) (State or country) Clinton N. C.

17. INFORMANT Fannie Cunningham
(Address) 823 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 10/19/33

19. UNDERTAKER Isaiah L Brunson
(Address) 108 N Montgomery St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/7, 1933, to 10/16, 1933

I last saw her alive on 10/13, 1933. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	10/7/33
Pulmonary Tuberculosis	
Incipient	
Other contributory causes of importance:	
Chronic Bronchitis moderate	10/1/33
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Ray Bethea M. D.

(Address) 20 E. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94450

E 94450

CERTIFICATE OF DEATH

V 107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. 14-01 WARD)

2-FULL NAME Mrs. Emma Wickes

(a) RESIDENCE NO. 1937 Lemmon Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles V. Wickes

6 DATE OF BIRTH (month, day, and year) 5-16-72

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Newton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Hospital Records

15 Filed OCT 18 1933 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16-33

17

I HEREBY CERTIFY, That I attended deceased from 10-12-33, 19 ..., to 10-16-33, 19 ...

that I last saw her alive on 10-16-33, 19 ...

and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH was as follows:

Terminal Bronchopneumonia

Congestive Heart failure

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Congestive Heart failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Robert D. Allison M. D.

19 ..... (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: Thursday Oct 19 19 33

20 UNDERTAKER: Geo. H. Schmidt — ADDRESS: 201 Frederick Ave

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 94451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94451

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 7-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. James Dvoracek

(a) Residence: No. 2201 Ashland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Clare

FATHER

13. NAME Albert Dvoracek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Lesold

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mary Dvoracek
(Address) 2201 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 21 1933

19. UNDERTAKER Frank Brack Son
(Address) 1911 Ashland Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/5 1933 to 10/17 1933

I last saw him alive on 10/17 1933 Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
& local metastasis	

Other contributory causes of importance:

Intestinal obstruction

Name of operation Colostomy Date of 10/12/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alotha H. Growther M. D.

(Address) Bon Secours Hosp.

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

94452

HEALTH DEPARTMENT—CITY OF BALTIMORE

94452

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Holtzman

(a) Residence: No. 1659 Thomas ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poelts Prod U.S.A.

FATHER

13. NAME Jacob Holtzman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tillie Singer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Samuel Holtzman
(Address) 304 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Beth Tehiran Date 10-18-38 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Balto St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17 1923

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13 1923 to Oct 17 1923

I last saw h... alive on Oct 17 1923 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	?

Other contributory causes of importance:

Intestin Factrual Endocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Lyon M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. 2. 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94453

CERTIFICATE OF DEATH

23 E 94453

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 W. Lee St. 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Gordon Edmonds

(a) Residence: No. 614 W. Lee St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Edmonds

6. DATE OF BIRTH (month, day, year) Feb-13-1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

FATHER

13. NAME Harry Gordon

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Elsie Bush

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

17. INFORMANT Elsie Gordon
(Address) 614 W. Lee St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct-19. 1933

19. UNDERTAKER James A Hayes
(Address) 142 N Fremont St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-16. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-8. 1933 to 10/16 1933

I last saw h... alive on 10/10 1933 Death is said to have occurred on the date stated above, at 7 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (8 months)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) David Frankel M. D.

(Address) 132 W Lee

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94454 — 3 E 94454

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 E. Biddle St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Spriggs

(a) Residence: No. 1321 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Spriggs

6. DATE OF BIRTH (month, day, year) March 21/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
V	61	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Spriggs

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emily Spriggs

(Address) 1321 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Bruers Hill Annapolis. md Date Oct 19. 19 33

19. UNDERTAKER Mrs R. A. Elliott

(Address) 112 g n. carolina

20. FILED OCT 18 1933 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16.33 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Insufficiency	??
Tertiary Syphillis	??

Other contributory causes of importance:

Pulm Tuberculosis	??

Name of operation ... Date of ...

What test confirmed diagnosis? Hopkins Daignosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Briggs M. D.

Coroner

(Address) 508 E Madison

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94455

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1928 Orleans St., 6-01 (Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua Hunter

(a) Residence: No. 1928 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Martha Hunter

6. DATE OF BIRTH (month, day, year) Jan 7-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andrew Hunter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martha Hunter
(Address) 1928 Orleans

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 10/18/33 19

19. UNDERTAKER Philip Henry Sons
(Address) 2216 Pulaski St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 16 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1933 to OCT 16 1933 19

I last saw h[illegible] alive on OCT 16 1933 19 Death is said to have occurred on the date stated above, at 10 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Chronic Myocarditis	1 yr

Other contributory causes of importance:

Coronary Thrombosis	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward J Good M. D.

(Address) 413 N Washington

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 16 1933

M. D. 126 E 94456 ✓ E 94456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 90-91 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Stapf

(a) Residence: No. 222 S Franklintown Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Martha Stapf

6. DATE OF BIRTH (month, day, year) Mar. 4-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME August Stapf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Martha Stapf wife

(Address) 222 Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 19 1933

19. UNDERTAKER J. E. Hilbert & Son

(Address) 1500 Baltimore Blvd

20. FILED Oct 19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1933 to Oct 15 1933

I last saw him alive on Oct 15 1933 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, general
Hypertension
Cardiac hypertrophy
Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Chronic nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) David H. Andrew M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 94457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N. Fulton Ave St. 10-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Mentz

(a) Residence: No. 306 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Mentz

6. DATE OF BIRTH (month, day, year): Mar 3rd 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. NAME: Sebastian Mentz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Seyfried

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs E. Mentz

(Address) 306 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 10/18/33

19. UNDERTAKER: F. D. Wagner & Son

(Address) 1300 Eutaw Place

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/15/33

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to Oct 15, 1933

I last saw h... alive on Oct 15, 1933. Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	10 days
Other contributory causes of importance:	
Chronic Myocarditis	2 yrs.

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-A E 94458 ✓ E 94458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 19th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earle Warren Putzinger

(a) Residence: No. Stevens Ave, Arbutus St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 5-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5 weeks	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles E. Putzinger, Jr.

14. BIRTHPLACE (city or town) (State or country) Elkridge Maryland

MOTHER

15. MAIDEN NAME Mary Rosenheimer

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Chas E. Putzinger

(Address) 3 Stevens Ave - Arbutus

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 18 1933

19. UNDERTAKER T. B. Shubert & Son

(Address) Fort Garland Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14. 1933 to Oct 17 1933

I last saw h~~e~~ alive on Oct 17 1933 Death is said to have occurred on the date stated above, at 5 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fermentative Diarrhea	10/8/33
Other contributory causes of importance: Pneumonia Lobular (?)	10/14/33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John C. Dunbar M. D.

(Address) St. Agnes Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94459

E 94459 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 4 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs. Eunice D. Smith

(a) Residence: No. Loch Raven Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Widowed of Samuel Smith

6. DATE OF BIRTH (month, day, year) June 3, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
75	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Prior age

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Loch Raven (State or country) Md

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) Loch Raven (State or country)

MOTHER

15. MAIDEN NAME Eliz. Stillings

16. BIRTHPLACE (city or town) Balto. Md (State or country)

17. INFORMANT Helen P. Grammer
(Address) Loch Raven Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loch Raven Date Oct 19, 1933

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son
(Address) 501 W. Lafayette Av

20. FILED OCT 18 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1933, to 10-17, 1933

I last saw h... alive on 10-17, 1933. Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	
Cholecystectomy	
Uremia	

Other contributory causes of importance:

Uremia post operatively

Name of operation Cholecystectomy Date of 10-12-33

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Gerald H. Jordan M. D.

(Address) Church Home & Inf

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94460

94460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Crofton

(a) Residence: No. 827 Brice St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — Feb. 10, 1933.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas L. Crofton

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Hattie Hogsburen

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Ida Burkins

(Address) 1972 Parkman pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct. 19, 33

19. UNDERTAKER P. E. Cauley

(Address) 706 E. North ave

20. FILED ____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933 to Oct 16, 1933

I last saw h... alive on Oct 16th, 1933 Death is said to have occurred on the date stated above, at 6⁰⁵ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea, Vomiting, Malnutrition & Dehydration.	Oct 13, 1933
Broncho Pneumonia	Oct 16, 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Laurence L. Keown, M. D.

(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 94461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-003

Registered No. E 94461

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South yard of B.& O.R.R.Co.

CITY OF BALTIMORE: (No. East of Fort Ave. St. 25-01 (Ward)

Length of residence in city or town where death occurred 33 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis C. Hofheinz.

(a) Residence: No. 2506 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Margaret Hofheinz.

6. DATE OF BIRTH (month, day, year) May 24, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis C. Hofheinz.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Christine --------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Hofheinz.(wife)
(Address) 2506 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Oct 19, 19

19. UNDERTAKER Edw Fowler
(Address) 1006 Bond

20. FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull, internal injuries. Caught under a caving in of a concrete floor. Occidental death.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquest. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 10/16/33.

Where did injury occur? Locust Point.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in industry.

Manner of injury Falling floor.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Thos. M. Leonhardt Coroner, M. D.

10/17/33 (Address) 1013 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

E 94462 ✓ E. 94462

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH President Hospital

CITY OF BALTIMORE: (No. 1514 Division St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Grimes

(a) Residence: No. [illegible] St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) No Record
(State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) No Record
(State or country)

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med College Date Oct 18, 19[illegible]

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-4-33, 19.. to 10-15-33, 19..

I last saw her alive on 10-15-33, 19.. Death is said to have occurred on the date stated above, at 2¼ P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-7-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. [illegible] President Hospital, M. D.

(Address) .....

V. S. 3 State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 94463 ✓ E 94463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-01 ST. WARD)

2-FULL NAME Baby Wright

(a) RESIDENCE NO. Provident Hospital ST. WARD
(Usual place of abode) 1334 Monument St
(If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Walter Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Ruth Hedgepeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant Ruth Wright
(Address) 1334 Monument St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from 10-17 1933 to 10-17 1933

That I last saw her alive on 10-17 1933

and that death occurred, on the date stated above, at 8 10 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity 5 months
Postnatal

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. B. Butler M. D.

10/17 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: J. H. U. Med. College — DATE OF BURIAL: Oct 18 19 33

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Oct 18 1933

092

AACo. 5-11 250B

E 94464 ✓ E 94464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH Provident Hospital — Registered No. 13-01

CITY OF BALTIMORE: (No. 1514 Druid Hill St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Haskins Ogles By

(a) Residence: No. 2308 Madison Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): [illegible]

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15 1933

7. AGE — Years | Months | Days | If LESS than 1 day, 16 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jack Haskins Ogles By

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Margaret E. Griffin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Margaret E. Ogles By (Address) 2308 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date Oct 18 19 33

19. UNDERTAKER (Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th 33 to Oct 15th 33

I last saw him alive on Oct 16th 1933 death is said to have occurred on the date stated above, at 4:25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Pneumonia	
2 Mo Delivery	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1131 N. Eutaw St

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 94465 ✓ E 94465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Madison Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dock Hopkins Ogles by Jr.

(a) Residence: No. 2308 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dock H. Ogles by

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Margaret E. Griffin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Margaret E. Ogles by

(Address) 2308 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place N.W. Med College Date Oct 18 1933

19. UNDERTAKER

(Address)

20. FILED Oct 19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th 1933 to Oct 15th 1933

I last saw him alive on Oct 15th 1933 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 Mos. Delivery)	
Other contributory causes of importance:	

Name of operation None Date of No

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Ebell M. D.

(Address) 773 W. Lemmon St.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94466

E 94466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Orchard Ave., 25th Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary F. Walker

(a) Residence: No. 4110 Orchard Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Isaac N. Walker

6. DATE OF BIRTH (month, day, year) May 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary West

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Fern Summers

(Address) 4110 Orchard Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross, Brooklyn Date 10/19/1933

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 1933 to Oct 17 1933

I last saw her alive on Oct 17 1933 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Indefinite	
Other contributory causes of importance:	
Exhaustion	1 Day

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. F. Campbell M. D.

(Address) 1644 Hanover St

V 5 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 94467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94467

23

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Walbrook Ave. 15-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Catherine Roby

(a) RESIDENCE NO. 1820 Walbrook Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 11 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Allan C. Roby

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	..	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. H. Kirwan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Virginia Shelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary Kirwin

(Address) 1820 Walbrook.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 17, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1932 to Oct. 17, 1933

that I last saw her alive on October 17, 1933

and that death occurred, on the date stated above, at 12:10 M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam. & Laboratory tests.

(Signed) Darius F. Bagby M. D.

, 19 (Address) 2229 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 20 1933
20 UNDERTAKER	ADDRESS
Wm. Lee	121 St. Paul St.

Important. See instructions on back of certificates.

M. D. B. 1268-9

E 94468

E 94468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 13-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ..yrs..mos. 41 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME J.F. Wm. Renker

(a) Residence: No. 125 Wood lawn, Topeka, Kansas Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	52	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey Germany

FATHER

13. NAME Louis Renker

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Dorothy Fisher

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Peters Funeral Home
(Address) Topeka Kansas

18. BURIAL, CREMATION, OR REMOVAL
Place Topeka Kansas Date Oct 18th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 S. Paul St.

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) October 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~October~~ Sept 1st 1933, to Oct 16, 1933

I last saw h.m alive on Oct 16, 1933. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amoebic dysentery & ulcerative colitis	? 10-6-33?
Amoebic abscesses in liver	? 9-10-33?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Richard Franson ..., M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 18 1933

M. D. B. 1268-9

E 94469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94469

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Forrest St. St., 10-61 Ward)

Length of residence in city or town where death occurred.... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mary M. Thompson

(a) Residence: No. 1107 Forrest St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
68	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Musick

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Amanda Gordon

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mary Thompson
(Address) 1107 Forrest St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 19 1933

19. UNDERTAKER Pike Rutledge
(Address) 111 Greenmount Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1933, to Oct 16 1933

I last saw her alive on Oct 16 1933 Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Mitral Insufficiency	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Scagnetti M. D.

(Address) 1724 W. Lombard St.

OCT 18 1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

E 94470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94470

CERTIFICATE OF DEATH.

11-001

REGISTERED NO._____

1-PLACE OF DEATH Little Sisters of the Poor

City of BALTIMORE: (No._____ St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Hodek

(a) RESIDENCE NO. 1202 - Valley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Hodek

6 DATE OF BIRTH (month, day, and year): 7 May 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Austria

PARENTS

10 NAME OF FATHER Paul Lokon

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER Anna Hodek

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant (Address) Sister Superior, Little Sisters of the Poor, 1201-1211 Valley St.

15 Filed Oct 19, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Oct 17, 1933, that I last saw her alive on Oct 17, 1933, and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

Influenza

Bronchial Pneumonia

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Mc Gratton, M. D.

Oct 19, 1933 (Address) 1142 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A. A. Co. Date of Burial: Oct. 19. 1933

20 UNDERTAKER: Sidney Friedfeld ADDRESS 914 Greenmount Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

19 1933

M. D. H. 1268-9

E 94471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94471

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 W. North Ave St., 45-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary R. Carrick

(a) Residence: No. 2807 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin A. Carrick

6. DATE OF BIRTH (month, day, year) July 5, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

037

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary E. Laughlin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Son

(Address) 2807 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Oct. 19. 1933

19. UNDERTAKER Rula Mudefeld

(Address) 114 Freemont Ave

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/1/ 1933 to 10/16/ 1933

I last saw h alive on 10/16/ 1933 Death is said to have occurred on the date stated above, at 4 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Hypertension	1931
Cerebral Hemorrhage	1933

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Abner Bowden M. D.

(Address) 1507 E North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 94472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94472

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Gaetani Samartina

(a) Residence: No. 5330 Wisner Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Italian	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerite Samartina

6. DATE OF BIRTH (month, day, year) Jan 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Shop

10. Date deceased last worked at this occupation (month and year) Jan. 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Samartina

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Anessa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10/19, 1933

19. UNDERTAKER Geo. W. Lemmon

(Address) 7611 Park Heights Ave

20. FILED 10/19/1933 18 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933 to Oct 16, 1933

I last saw him alive on Oct 16, 1933 Death is said to have occurred on the date stated above, at 10:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive & Arteriosclerotic	
Cardiovascular Disease	? years
Cardiac Hypertrophy & Decompensation	? mos.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Burns M. D.

(Address) Mercy Hospital

Information should be carefully supplied. Age should be stated in years, months, days, hours, or minutes, as directed. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B E 94473

HEALTH DEPARTMENT—CITY OF BALTIMORE E 94473

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2212 Booth St. 20-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bagar

(a) Residence: No. 2212 Booth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary C.

6. DATE OF BIRTH (month, day, year) Dec 15 1857

7. AGE: Years 80 | Months 10 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Robert Bagar
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Harriet Small
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Ina Hughey
(Address) 2212 Booth St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cem. Date Oct 19 1933

19. UNDERTAKER Eaton & Son
(Address) Ellicott City.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Oct 17 1933
I last saw him alive on Oct 16 1933 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Generalized Arteriosclerosis. Myocardial Disease.	Several Years
Other contributory causes of importance: Hemiplegia	2 days

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Mitchell, M. D.
(Address) 2901 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 94474 Clarice Austin E 94474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

1 PLACE OF DEATH Provident Hospital

REGISTERED NO. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

2 FULL NAME Clarice Austin

(a) RESIDENCE NO. 224 N. Bethel St. WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2, 1924

7 AGE Years 9 Months 7 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city

PARENTS

10 NAME OF FATHER Theard austin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Liddie auston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto city

14 Informant Liaddie auston (Address) 224 N Bethel St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12, 1933

17 I HEREBY CERTIFY, That I attended the deceased from October 2 33 to Oct 16 1933

that I last saw h... alive on Oct 16 1933

and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (secondary) Lupus erythematosus Mastoiditis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? City

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operative

(Signed) Richard Stiggins M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury cemetary

DATE OF BURIAL Oct 20 1933

20 UNDERTAKER Milton Davis

ADDRESS 416 N Carolina

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1246-9 E 94475 E 94475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Linden Ave. St. 13-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida L. Gressitt

(a) Residence: No. 2410 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Gressitt

6. DATE OF BIRTH (month, day, year) June 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME S. M. Lyell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Felicia Garland

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. J. W. Gressitt
(Address) 5107 Whiteford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 10/19/33 19

19. UNDERTAKER Chas. O. Mitchell & Son.
(Address) 1900 Eutaw Place

20. FILED ... 19... E. ...
Registrar.

OCT 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 15 " . 1933 to Oct 17 " . 1933

I last saw her alive on Oct 17 . 19 33 Death is said to have occurred on the date stated above, at 2.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension. Auricular fibrillation	
Chr. nephritis, myocardial insufficiency	

Other contributory causes of importance:

Broncho pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? Phy. and Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Wainwright M. D.

(Address) 9 E. Chase St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

Cor.—12-9-21—A G—200 Ink.

E 94476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94476

93-004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Dies in Engine Cab Beside 4 Chestnut St

City of BALTIMORE: (No. ~~329 East 28th St.~~, St. 12-21 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur M. McCauley

(a) RESIDENCE NO. 329 East 28th St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Emma G. McCauley

6 DATE OF BIRTH (month, day, and year) October 10, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day .... hrs. or .... min.
	67	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Pa. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Y. McCauley

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Madeleine McIntosh

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Baltimore, Md.

14 Informant Emma G. McCauley

(Address) 329 East 28th Street

15 Filed Oct 19/33 19____ Registrar

CORONER'S CERTIFICATE

16 DATE OF DEATH (month, day, and year) Oct 18/33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) History of Arteriosclerosis

(duration) .... yrs. .... mos. .... ds. ?

(Signed) J. S. Hoen, M. D.

(Coroner)

Oct 19/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — Date of Burial Oct. 20 19 33

20 UNDERTAKER A.S. Marshall — ADDRESS 3539 Falls Road

OCT 19 1933

OF DEATH in plain terms, so that it may be properly classified. FAST statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks. E 94477 John H. Maddox.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94477 ✓ 23

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1942 Druid Hill Ave

CITY OF BALTIMORE: (No.) Baltimore ST. (WARD) 21-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME J. H. Maddox

(a) RESIDENCE NO. 1942 W. Hill Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie J.

6 DATE OF BIRTH (month, day, and year) ? 1863?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Junior Maddox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Grace Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie J. Maddox

(Address) 1942 Druid Hill Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16-33

17 I HEREBY CERTIFY, That I attended deceased from 9-13-33 to 10-11-33, 19..., that I last saw h... alive on 10-11-33, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous — Cystitis

Sexual Work

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 11 1 1

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. J. Bartsdale M.D.

, 19 (Address) 1926 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL 10/19/33

20 UNDERTAKER Geo. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

OCT 19 1933

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 94478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94478

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Union Ave St., 13-41 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie A. Myers

(a) Residence: No. 1400 Union Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Myers

6. DATE OF BIRTH (month, day, year) Feb 28, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Henry Fouman

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Albert Barton

(Address) 1400 Union Ave

18. BURIAL, CREMATION, OR REMOVAL md.

Cremation, Carroll Co. Date Oct 21, 1933

19. UNDERTAKER Ehrnsworth Son

(Address) 3615 17 Eastern Ave

By FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933 to Oct 18, 1933

I last saw her alive on Oct 16, 1933 Death is said to have occurred on the date stated above, at 12-5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast Recurrent	
Other contributory causes of importance:	

Name of operation None Date of -

What test confirmed diagnosis? Routine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 85 E 36 St Balto

V S 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 94479 HEALTH DEPARTMENT—CITY OF BALTIMORE 107-08 E 94479

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1221 N. Eden St. ST. 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michele Furniere

(a) RESIDENCE NO. 1221 N. Eden St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Furniere

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Serafino Furniere

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anna Furniere

(Address) 1221 N. Eden St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17-1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to Oct 17, 1933, that I last saw him alive on Oct 16, 1933 and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. Di Stefano, M. D.

Oct 17, 1933 (Address) 407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 20 1933

20 UNDERTAKER Leo F. Crook — ADDRESS 1723 Patterson Park Ave

IMPORTANT. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94480

CERTIFICATE OF DEATH

✓ 94-002

E 94480

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Kennedy Ave., St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilmer R. Bomberger

(a) Residence: No. 2819 Kennedy Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie L. Bomberger

6. DATE OF BIRTH (month, day, year): May 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John H. Bomberger

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Richards

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Annie L. Bomberger
(Address): 2819 Kennedy Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Oct. 20 1933

19. UNDERTAKER: John F. Geary
(Address): 715 Light St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20 19[illegible] to Oct. 17 1933

I last saw h[illegible] alive on Oct 17 1933. Death is said to have occurred on the date stated above, at 4.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	[illegible]
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. T. Musser, M. D.

(Address) 848 W. 36th St.

V. S. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94481

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. Gen. Hosp. 10-31

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret A Samsel

(a) Residence: No. 1449 N. Fulton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Samsel

6. DATE OF BIRTH (month, day, year) May 10th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William F Tierney

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Grady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Charles M Negley

(Address) 111 E Biddle St Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place MW Cathedral Date 10/20/ 1933

19. UNDERTAKER John J Cowan & Son

(Address) 1901 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/1933

22. I HEREBY CERTIFY, That I attended deceased from 9/16/33 19..... to 10/17/33 19.....

I last saw her alive on 10/17/33 19..... Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uremia due to Chronic Interstitial Nephritis	?
Other contributory causes of importance:	
2. Carcinoma of cervix	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon Cohen M. D.

(Address) West Baltimore Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 94482 E 94482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 512 St. Mary's ST. 17-21 WARD)

2-FULL NAME Amey Gee

(a) RESIDENCE NO. 512 St. Mary's ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widow

5a If married, widowed, or divorced HUSBAND ~~of~~ (or) WIFE of Lett Gee

6 DATE OF BIRTH (month, day, and year) Feb. ? 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fredericksburg Co. Va.

PARENTS

10 NAME OF FATHER John Gee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Hawes ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Dora Goldman

(Address) 512 St Mary's St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1933, to Oct. 18, 1933,

that I last saw h[illegible] alive on Oct. 18, 1933,

and that death occurred, on the date stated above, at 10:10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Hypertension

Apoplexy

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm. L. Berry, M. D.

, 19 (Address) 1420 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery — DATE OF BURIAL 10/20/33

20 UNDERTAKER Robert E. Williams — ADDRESS 1515 N. Eutaw St

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9 E 94483 E 94483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH — Registered No. 9-01

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Akehurst (Akehurst)

(a) Residence: No. 524 E 27th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Geo E Akehurst

6. DATE OF BIRTH (month, day, year) March 31, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo W Akehurst

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sara Kenney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma L. Akehurst
(Address) 524 E. 27th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Oct 21 1933

19. UNDERTAKER Frederick Haslett Sons
(Address) 4401 Belair Road

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19 33 19

22. I HEREBY CERTIFY, That I attended deceased from 10 6 33, 19, to 10-19 33, 19

I last saw him alive on 10 19 33, 19 Death is said to have occurred on the date stated above, at 4:33 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	
Hypertension	
Cardiac hypertrophy	

Other contributory causes of importance:

Uremia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94484

94481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No. 186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Goldstein

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Nechia Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fannie Goldstein

(Address) 2104 Presbury St

18. BURIAL, CREMATION, OR REMOVAL

Place Bolton Hebrew Date Oct 19. 1933

19. UNDERTAKER Fineman Bro

(Address) 1127 E Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1933, to 10-18, 1933

I last saw him alive on 10-18, 1933 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	10-12-33
(Contributory)	

Other contributory causes of importance:

Primary Optic atrophy
Dural endothelioma (meningoma)
Fracture left femur (Contributory)

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Edmund Lenn M. D.

(Address) Levindale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. H. 1268-9

E 94485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94485

CERTIFICATE OF DEATH

X V 174

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH In a box car of the W.Md.R.R.Co.

CITY OF BALTIMORE: (No. Westport Yards. St., 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank McDonald.(C)

(a) Residence: No. 915 Church St. Charlotte N.C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Do not know.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year): Do not know.

7. AGE: Years 29 | Months ---------- | Days ---------- | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charlotte N.C.

FATHER

13. NAME: Do not know.

14. BIRTHPLACE (city or town) (State or country): Do not know.

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT (Address): Bessie Pettes.(C) 507 N.Cross St.

18. BURIAL, CREMATION, OR REMOVAL. Place University of Md Date Oct 19 . 193

19. UNDERTAKER (Address): Deputy Commissioner Health.

20. FILED OCT [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 30, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . Death is said

I last saw h alive on . 19 .

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to incised wound of Carotid vessels, fracture of the skull and multiple wounds.

Homicide.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide. Date of injury 9/30/33 19

Where did injury occur? U.S.M.R.R. Yards. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Assault.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Allan Feinblatt Coroner . M. D.

(Address) 10/10/33 1017 St. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94486

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkin. Hospital St., 7-01 Ward)

Registered No. 207

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hugo Wagner

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reported Presseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper 063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis ?

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. Hosp. of Md Date Oct 19, 1933

19. UNDERTAKER

(Address)

20. FILED ....., 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19... Death is said to have occurred on the date stated above at about 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-hemorrhage	
Crushed abdomen- amputated foot	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury ....., 19...

Where did injury occur? B & O R.R. Mapleton Av (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place while riding on hopper coal car

Manner of injury (Stealing ride) train of 42 cars

Nature of injury "buckled" cause unknown

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph Paul M. D.

Coroner

(Address) 708 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94487

CERTIFICATE OF DEATH

V 183

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 901 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph R. Banks

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	????

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ????

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ??????

FATHER

13. NAME ????

14. BIRTHPLACE (city or town) (State or country) ???

MOTHER

15. MAIDEN NAME ????

16. BIRTHPLACE (city or town) (State or country) ????

17. INFORMANT Eastern Police Dept

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct 9 19 33

19. UNDERTAKER

(Address)

20. FILED OCT 19 33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date above at about 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	
(Was seen to fall in harbor at foot of Ann St. Seemed to be sleeping when he fell)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accidental Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. K. Mason Coroner . M. D.

(Address) 508 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94488

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Corr Alley St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lilly Remedi

(a) Residence: No. 206 Corr Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	Negro	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Ford Date Oct 19, 19 53

19. UNDERTAKER .....
(Address)

20. FILED Oct 19, 19 53
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1953

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Feller M. D.
Coroner
(Address) 2739 Eastern Ave.

E 94488 State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

E 94489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., ~~Ward~~)

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Noonan.

(a) Residence: No. 925 S. Fremont Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62 ~~78~~	Supposed		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal ~~Ave~~ Date Oct 19 . 19 33

19. UNDERTAKER

(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 . to 19

I last saw h alive on ..... . 19 . Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
Right Hemiplegia.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) Otto A. Reinhardt Coroner . M. D.

10/16/33 (Address) 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

✓ E 94490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94490

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Forest St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth A. D. Hamilton

(a) Residence: No. 620 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward J. Hamilton

6. DATE OF BIRTH (month, day, year) Sept 16, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Wrightsville Pa

FATHER

13. NAME George W. Samuel

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary A Giles

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mr. Edward J Hamilton
(Address) 620 Forest St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Oct. 20 1933

19. UNDERTAKER Edmund W. Coughlin
(Address) 924 E Eager St.

20. FILED ... m., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933 to Oct 18, 1933

I last saw h... alive on Oct 15 1933 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Heart Disease	10 yrs ago
Other contributory causes of importance Cystic Dissufficiency	10 yrs ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John D Dell M. D.

(Address) 924 E Eager St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 10 1933

M. D. B. 1268-9

E 94491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94491

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Taylor

(a) Residence: No. 3125 Abell Ave St., Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Earl Taylor (Mary E)

6. DATE OF BIRTH (month, day, year) June 9, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 year	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dwlg Hse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Cadmus C Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lily Disharoon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife

(Address) Above

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford Md Date Oct 21, 1933

19. UNDERTAKER J. J. Tickner & Sons

(Address) East Pratt

20. FILED ..... 19.... Registrar.

OCT 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1933, to October 18, 1933

I last saw him alive on October 18, 1933. Death is said to have occurred on the date stated above, at 7:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease with uremia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. B. Settle M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94492

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Oakhurst Pl 16-01 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. (mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosella Rebecca Deale

(a) Residence: No. 1205 Oakhurst Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Deale d

6. DATE OF BIRTH (month, day, year): Oct. 31, 1855

7. AGE — Years: 76 77 | Months: 11 | Days: 17 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Prince Ges. Co. Md.

FATHER
13. NAME: Wm. Grimes.
14. BIRTHPLACE (city or town) (State or country): St Mary's Co Md.

MOTHER
15. MAIDEN NAME: Ann E. Loveless
16. BIRTHPLACE (city or town) (State or country): Pg Co. Md.

17. INFORMANT: Emma J. Deale d
(Address) 1205 Oakhurst Pl.

18. BURIAL, CREMATION, OR REMOVAL
Place Leland-Prince Ges. Co. Date Oct. 20 1933

19. UNDERTAKER: [illegible] Funeral Home
(Address) North & Reaves.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1933 to Oct 18 1933
Last saw her alive on Oct 15 1933 Death is said to have occurred on the date stated above, at 1230 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	✓
Dilatation of Heart	✓

Other contributory causes of importance:

General Atheroma
Tuberculosis

Name of operation none Date of
What test confirmed diagnosis? Aug Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Peter A. Leland M. D.
(Address) 1219 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

AaCo. 5-31 250B

E 94493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD. St. X-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna C. Neumann

(a) Residence: No. 3705 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Wm. Neumann

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Anton C. Faudte

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Schmalbach

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George Faudte
(Address) 3705 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cem. Date 10/20 19 33.

19. UNDERTAKER Harry F. Whitelee
(Address) 4101 Lebanon Ave. Baltimore, Md.

20. FILED ... 19 ... Registrar.

OCT 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1933 to October 17, 1933
I last saw her alive on October 17 1933 death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	10-12-33
Other contributory causes of importance:	
1) Pharyngeal paralysis	
sequelae of cer. vasc.	
" paralytic stroke "	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. W. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE MD.

Information should be carefully supplied. All items must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 94494

E 94494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S. Fulkoski

(a) Residence: No. 2345 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Fulkoski

6. DATE OF BIRTH (month, day, year) Sept. 19, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Fulkoski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Kuschke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 10/20, 1933

19. UNDERTAKER Harry A. Tuttle (Address) 4101 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933 to Oct 17, 1933

I last saw him alive on Oct 17, 1933. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right	13 days
Bronchopneumonia	8 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Russell, M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

OCT 19 1933

M. D. B. 1268-9

E 94495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94495

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. German Aged Home St. 70-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sallie S. Sadler

(a) Residence: No. German Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fairman Sadler

6. DATE OF BIRTH (month, day, year) January 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisanna

FATHER

13. NAME Henry Stirling

14. BIRTHPLACE (city or town) (State or country) Louisanna

MOTHER

15. MAIDEN NAME Sally Miller

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Record German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 20 1933

19. UNDERTAKER Wm. B. Cook
(Address) 1003 W. Baltimore St.

20. Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1933 to Oct 18 1933

I last saw her alive on Oct 17 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Carcinoma Uteris	?
Senile Asthenia	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....
If so, specify .....

10/18/33 (Signed) E Keller Hemming M. D.
(Address) 2000 Hollins St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 94496

94496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 445 Brunswick St. 90-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? 68 yrs. mos. ds.

2. FULL NAME Antone Yiengst

(a) Residence: No. 445 Brunswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Yiengst

6. DATE OF BIRTH (month, day, year) Aug 16 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or min.
	69	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Antone Yiengst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Lauber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August Yiengst
(Address) 445 Brunswick

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date 10/20 1933

19. UNDERTAKER Geo A Tuley & Son
(Address) Fulton & Lafayette

20. FILED ..... 19.. Registrar.

CT 191933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17-33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933, to Oct 17 1933

I last saw h.. alive on Oct 17 1933. Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of Stomach	
Asthenia Following	
Operation Phlegmon	
Pleurisy Left	
Acute Intestinal Obstruction	
Other contributory causes of importance	
Pulmonary Oedema	

Name of operation ..... Date of 5-0

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert C Bykert M. D.

(Address) 215 W Mulberry

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 94497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ora Watkins

(a) Residence: No. 1516 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Weldon Watkins

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co., Va.

FATHER

13. NAME Major Harris

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Weldon Watkins
(Address) 1516 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester Co. Via Date 10/20 19 33

19. UNDERTAKER Mrs Chas. S. Bailey
(Address) 401 Jefferson St E

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 4.3[illegible] A.M.

The principal cause of death and related causes of importance were as follows:

Sepsis- Peritonitis
Perforated Uterus- self
induced abortion

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ... . 19 ...

Where did injury occur? unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Some kind of a "rod"

Nature of Injury Self induced into uterus

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner . M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 94498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94498

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Stockton St St. 16-W Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Harris

(a) Residence: No. 1025 Stockton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Harris

6. DATE OF BIRTH (month, day, year) ——— 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER
13. NAME Turner Jeffries
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Della ?
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Edward Harris
(Address) 1025 Stockton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct 20 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St.

20. FILED ..... 19..... Registrar.

Thurlington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from One visit, 19..., to Oct 16, 1933

I last saw h.. alive on Oct 16 1933 death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar. Right lung.	Do not Know

Other contributory causes of importance: Was called to see Patient about 5 hours before death. She was already in extremis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward T Gibbs M. D.

(Address) 1112 Washington Blvd

Information should be carefully supplied. Avoid use of terms like "Old Age," "Infirmity," "Debility," "Paralysis," "Consumption," "Heart Disease," "Cancer," "Tumor," "Abscess," "Blood Poisoning," "Convulsions," "Fever," "Inflammation," "Hemorrhage," "Accident," "Suicide," "Homicide," "Drowning," "Burns," "Scalds," "Fracture," "Bruises," "Wounds," "Shock," "Exhaustion," "Stroke," "Sunstroke," "Lockjaw," "Tetanus," "Meningitis," "Pneumonia," "Pleurisy," "Peritonitis," "Appendicitis," "Nephritis," "Kidney Disease," "Liver Disease," "Gastritis," "Enteritis," "Colitis," "Hernia," "Ulcer," "Cyst

M. D. B. 1263-B

E 94499 ✓ E 94499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 11-81 St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lora B. Dailey

(a) Residence: No. Oakland Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David M. Dailey

6. DATE OF BIRTH (month, day, year) Oct. 15, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	-	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton Md.

FATHER

13. NAME Mr. George Maccubbin

14. BIRTHPLACE (city or town) (State or country) Pinkelem Md

MOTHER

15. MAIDEN NAME Dora Buell

16. BIRTHPLACE (city or town) (State or country) Parkton Md

17. INFORMANT Mr. D. M. Dailey (Address) Oakland, Md

18. BURIAL, CREMATION, OR REMOVAL Place Cayetta, Md. Date Oct 22, 1933

19. UNDERTAKER (Wm. C. Brooks & Son (Address) Oakland, Md

20. FILED ..... 19..... Registrar.

OCT 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-19- 1933, to 10-19- 1933

I last saw her alive on 10-19- 1933. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	

Other contributory causes of importance:

Subarachnoid hemorrhage	10-17-33

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. L. Dayer M. D.

(Address) Md. Gen. Hospital.

V. S. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A E 94500

E 94500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 22-01 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Thompson

(a) Residence: No. 309 Sharp St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Thompson (Dead)

6. DATE OF BIRTH (month, day, year) July 31, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cochran Ga.

FATHER

13. NAME Morgan Thompson

14. BIRTHPLACE (city or town) (State or country) Laurens Hill Ga

MOTHER

15. MAIDEN NAME Essie Woodard

16. BIRTHPLACE (city or town) (State or country) Scotland Ga.

17. INFORMANT Records Balt. City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hawkinsville Ga Date Oct 20 1933

19. UNDERTAKER John C. Miller

(Address) 2426 E. Oliver St

20. FILED OCT 19 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1933 to Oct. 15 1933

I last saw him alive on Oct. 15 1933. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	?
Hemorrhage from esophageal varices	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-A E 94501 E 94501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac W. Botts

(a) Residence: No. 912 4 Calvert St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	white	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Sallie Botts

6. DATE OF BIRTH (month, day, year) Oct 13th 1547

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman 46?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harford Plant

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER FATHER

13. NAME Botts

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Sallie Botts

(Address) 912 4 Calvert

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 20 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ... 19 ... Registrar.

OCT 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Oct 9 1933 Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injuries Sustained on Oct 9 1933 Causing Cerebral Hemorrhage Causing Death on Oct 17 1933	
Opinion accident	
Other contributory causes of importance: Old Age Could not give any information	

Name of operation ... Date of ...

What test confirmed diagnosis? Fracture of Skull Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 17 1933

Where did injury occur? Harford Co Plant (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Grounds

Manner of injury Could not ascertain

Nature of injury Lacerations & Contusions of Body

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) James M Hundon Coroner M. D.

(Address) 700 E Chase

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-12 E 94502

E 94502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Walnut Ave Dowden)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine C. Kube

(a) Residence: No. 3810 Walnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Louis M. Kube

6. DATE OF BIRTH (month, day, year) Nov 27th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James F. McLaughlin
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann McCarthy
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Wm L. Brooks
(Address) 5702 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 21st 1933

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Oct. 18 1933
I last saw her alive on Oct. 17 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	unknown

Other contributory causes of importance:

Chronic myocarditis	unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) A. M. Bacon M. D.

(Address) 2810 Taylor Ave
Hamilton P.O.

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 94503

M. D. H. 1265

E 94503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Hamilton Ave 27-01 Ward)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Henry P. Becker

(a) Residence: No. 3214 Hamilton Ave ~~St.~~ Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Louise E. Becker

6. DATE OF BIRTH (month, day, year) June 21st 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas E. Magness
(Address) Towson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Park Date Oct 21st 19 33

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1933 to Oct 18 1933

I last saw him alive on Oct 18 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Oct 8
Other contributory causes of importance:	
Bronchopneumonia	Oct 16

Name of operation None Date of .....

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry L. Long M. D.

(Address) 5384 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

OCT 20 1933

AACo. 5-31 250M E 94504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94504

CERTIFICATE OF DEATH

V 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ella Abbott

(a) Residence: No. 704 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Jan 1864

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cr Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Foolsburg Maryland

FATHER

13. NAME Thos T. Abbott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Strasburg

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thomas S. Abbott
(Address) 2744 Winchester St

18. BURIAL, CREMATION, OR REMOVAL
Place Cherry Hill Cem Md Date Oct 21st 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to October 19, 1933

I last saw her alive on October 19 1933 death is said to have occurred on the date stated above, at 9=3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of bladder - involving rectum & right ureter.	?
2. Intestinal obstruction	
3. Hydronephrosis - rt.	4 yrs
Other contributory causes of importance:	
1) Toxaemia	
2) Ind anaemia	

Name of operation colostomy Date of 8-15-33

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94505

CERTIFICATE OF DEATH

93-003

E 94505

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Isreal Freidman

(a) Residence: No. 3530 Cottage Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hebrew Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 168

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aron Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Memorial Date 10/20, 1933

19. UNDERTAKER Jack Lewis Son
(Address) 1459 E. Balto St.

20. FILED ..., 19... Registrar.

OCT 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1933 to Oct. 19, 1933

I last saw him alive on Oct. 19, 1933 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinac Insufficiency	
Chronic Myocarditis	
Arterio Sclerosis	

Other contributory causes of importance: Chronic Bronchitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. A. Weiner, M. D.

(Address) Sinai Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Bronstein

E 94506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94506

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 37 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Bronstein

(a) Residence: No. 2212 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Jewish Woodlawn Date 10/20/33 19

19. UNDERTAKER Jack Levin Funeral Home
(Address) 1439 E. Baltimore St.

20. FILED 19 ..... Registrar.

OCT 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1933, to Oct. 19 1933

I last saw h.. alive on Oct. 19, 1933 Death is said to have occurred on the date stated above, at 4 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Chronic Interstitial Nephritis	July 1933
Cerebral Hemorrhage	10-17-33

Other contributory causes of importance: Chronic diffuse nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Clyde Hollyday M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

X S 3

M. D. B. 1268-9

2739 Easton Ave Dr Zeller

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94507 E 94507

CERTIFICATE OF DEATH

V 165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2246 Balto St St. 13-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth 4 yrs. mos. ds.

2. FULL NAME Louis Wolf

(a) Residence: No. 2206 Brookfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy

6. DATE OF BIRTH (month, day, year) July 15, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fabricator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul Schenker M.D.
(Address) 2037 E North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 10/19/33 19

19. UNDERTAKER Mark Lewis Sons
(Address) 1439 E. Balto St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation Suicide by Hanging	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94508

V 167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Drusano

(a) Residence: No. 211 S Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 2 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... at school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph Drusano

14. BIRTHPLACE (city or town) (State or country) Utah

MOTHER

15. MAIDEN NAME Angelina Lauritano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT James Drusano

(Address) 211 S Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 21 1933

19. UNDERTAKER Martin H. E. Doppelhe

(Address) 21 [illegible] Ave

20. FILED OCT 20 1933 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said

I last saw h..... alive on ..... 19..... Investigation

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound through his brain (Carey	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James M Kemp M. D.

(Address) 1005 Race St Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9 E 94509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94509

CERTIFICATE OF DEATH

X 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Scott Leroy Commodore

(a) Residence; No. Chestertown, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/5/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1 1/2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

FATHER

13. NAME Wm. Commodore

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rachel ------

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown Md Date 10/22 19 32

19. UNDERTAKER Samuel F. Hemsley
(Address) 528 W. Biddle St.

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18/32 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3.55 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	
Probably gastro-intestinal indigestion	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 508 E Pratt St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E-94510

E 94510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Frederick Carroll

(a) Residence: No. 1130 Jenkins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date 10/21 1933

19. UNDERTAKER Samuel T Hemsley

(Address) 525 N Bradford

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1929 to Oct 18 1933

I last saw him alive on Oct 18 1933 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Nagel, M. D.

(Address) Balt. City Hosp

V. S. 3

OCCUPATION is very important. See instructions on back of certificate.

Undertaker is to fill in all items, so far as may be properly classified. Exact statement of

M. D. B. 1268 E 94511

E 94511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Pk. Heights Ave 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris H. Wolf

(a) Residence: No. 1020 Pk. Heights Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (City or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jack Lewis
(Address) 1432 E Balt St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Hebrew Date 10/22/33

19. UNDERTAKER Jack Lewis Inc
(Address) 1432 E Balto St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/33

22. I HEREBY CERTIFY, That I attended deceased from June, 1925 to Oct. 19, 1933

I last saw him alive on Oct 19, 1933. Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Goiter	1931
~~arteriosclerosis~~	
Coronary thrombosis	Sudden

Other contributory causes of importance:

Arteriosclerosis	1928

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Emanuel Libman M. D.

(Address) 1810 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

S. 3

E 94512

M. D. B. 1268-A E 94512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No.) 2302 Allendale Rd (Ward) 15-01

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Schear

(a) Residence: No. 2302 Allendale Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Max Schear

6. DATE OF BIRTH (month, day, year): May - 1892

7. AGE: Years 41 | Months 5 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER
13. NAME: Solomon Lindner
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Ella
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Max Schear 2302 Allendale Rd

18. BURIAL, CREMATION, OR REMOVAL: Place Schear Rodale Date 10-20-33

19. UNDERTAKER (Address): Jack Lewis & Co 1437 E. Baltimore St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. Bruck Coroner M. D.
(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

E 94513 HEALTH DEPARTMENT—CITY OF BALTIMORE E 94513

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE MD St. 15-81 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Xenis Nick Xenis Nick

(a) Residence: No. 3103 W. Franklin Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Sept 21 st 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Nick Xenos
14. BIRTHPLACE (city or town) Greece (State or country)

MOTHER

15. MAIDEN NAME Mary Margaritis
16. BIRTHPLACE (city or town) Greece (State or country)

17. INFORMANT Steve Margaritis
(Address) 3255 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Oct 20 1933

19. UNDERTAKER Charles W. Dill
(Address) 3109 Frederick Ave.

20. FILED ... 19... ... Registrar.

OCT 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1933 to October 19, 1933
I last saw him alive on October 19, 1933 death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - bronchial	10-12-33
Anaemia - 2nd	
Other contributory causes of importance:	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Mezquiller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE MD

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-29 E 94514 E 94514

HEALTH DEPARTMENT—CITY OF BALTIMORE

277825 N. Surg.

CERTIFICATE OF DEATH X V 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos. 6 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Alice Maddox

(a) Residence: No. Abels Post Office St., ... Ward. St. Mary's Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colr.	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1/1/1906

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	27	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " " 037

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Brown Jones

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Clara Butler

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Mary Co. Md. Date 10/21/33

19. UNDERTAKER Eugene Hall
(Address) Upper Marlboro, Md.

20. FILED 10 23 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-13-1933 to 10-19-1933

I last saw h.e alive on 10-19-1933 Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, Malignant	with limits

Other contributory causes of importance:

none	

Name of operation Laminectomy Date of 10-18-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Abercrombie M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 94515

M. D. B. 1268-9 E 94515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82V-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 15-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Peck

(a) Residence: No. 2230 Fenwick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecilia Peck

6. DATE OF BIRTH (month, day, year) Sept 1 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Genl Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Ames

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Earl Trekenbridge

(Address) 2230 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Oct 21 1933

19. UNDERTAKER Edgar Snowden

(Address) 1129 N. Caroline St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. Verdi M.D. M. D.

Coroner

(Address) 1505 N Patterson Park Ave

M. & B. No. E 94516

E 94516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Beaumont Ave St. 27-01 Ward)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Irma K Kelm

(a) Residence: No. 812 Beaumont Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 13th 1900

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
33	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) Oct 1927 | 11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Adolph Kelm

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Minnie Brecht

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Adolph Kelm

(Address) 812 Beaumont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 21, 1927

19. UNDERTAKER John McCabe

(Address) Lee & Ellerman 1 E Lexington St Baltimore Md

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18th 1927

22. I HEREBY CERTIFY, That I attended deceased from November 4 1927, to October 18 1927.

I last saw h.. alive on October 25 1927. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1927
Other contributory causes of importance:	
Ischio rectal abcess - Chronic	

Name of operation ..... Date of .....

What test confirmed diagnosis? Bacilli in sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles J Pastuszek M. D.

(Address) 1417 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94517 E 94517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S Conkling St. 76-01 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm H A. Yeingeling

(a) Residence: No. 212 S Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Yeingeling

6. DATE OF BIRTH (month, day, year) Nov 6 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Emanuel Yeingeling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Rose Yeingeling

(Address) 212 S Conkling

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Oct 23 1933

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19-1933 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 33 to Oct 19 1933.

I last saw him alive on Oct 18 1933. Death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?

Other contributory causes of importance:

Broncho Pneumonia	Oct. 14-1933

Name of operation None Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. V. Teagarden M. D.

(Address) 562 Fay Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94518

131

1. PLACE OF DEATH 503 N. Grieper St.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 51 yrs. ... mos. ... ds.

2. FULL NAME Wilhelmina Emma Lohse

(a) Residence: No. 503 N. Grieper St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Lohse

6. DATE OF BIRTH (month, day, year) May 26, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Lohse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edna E. Fischer

(Address) 503 N. Grieper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Oct 21 19 33

19. UNDERTAKER John Ulrich

(Address) 2008 Aliceanna St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 19 33

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1931, to Oct. 17, 1933

I last saw her alive on Oct. 16, 1933. Death is said to have occurred on the date stated above, at 11:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	10/1
senility.	
Other contributory causes of importance:	
Hypertension	1
Chronic nephritis	1

Name of operation none Date of

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) L. C. Lobdell, M. D.

(Address) 447 N. Linwood Ave

M. D. No. E 94519 E 94519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Benton

(a) Residence: No. 1024 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Benton

6. DATE OF BIRTH (month, day, year) June 7, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
45	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur D23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Benton

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ida Chesley

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friend
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/21/ 1933

19. UNDERTAKER John J. Conway & Son
(Address) 901 Baltimore St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1933, to Oct. 19, 1933

I last saw him alive on Oct. 19, 1933 Death is said to have occurred on the date stated above, at 4:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Nephritis, arteriosclerotic	?
Anaemia, secondary	2 Yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Phagel, M. D.

(Address) Balt. City Hosp.

A&Co. 5-31 250B

E 94520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94520

CERTIFICATE OF DEATH

v 130

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Burgundy St. 22-01 Ward)

Length of residence in city or town where death occurred Unknown How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Alonza James Lee

(a) Residence: No. 545 Burgundy St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Unk

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lula Anderson

(Address) 545 Burgundy

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Oct. 22, 1933

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 2224 Schroeder St.

20. FILED Oct 19 1933 H. H. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1933 to Oct 18, 1933

I last saw him alive on Oct 17, 1933 death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	Sept 29 1933
Other contributory causes of importance: Acute Nephritis	about July 1933

Name of operation ... Date of ...

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. James M. D.

(Address) 615 N. Paca St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 94521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94521

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 23-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Hill

(a) Residence: No. 907 Bevan St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Oliver Hill

(Address) 209 E. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 20, 1933

19. UNDERTAKER Mrs. Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. Sterling M.D. M. D.

Coroner

(Address) 305 N. Allendale Rd.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-6 E 94522

E 94522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 John St. St. 14-A Ward)

Length of residence in city or town where death occurred - yrs. 4 mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA BAXTER

(a) Residence: No. 1615 John St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 14 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William K. Baxter
(Address) 1615 John Street

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 21 1933

19. UNDERTAKER Chas E Evans & Son
(Address) 1117 W. Mt. Royal Ave

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide
Strangulation
by Hanging

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. P. Luck Coroner M. D.

(Address) .....

M. D. B. 1936 E 94523 ✓ E 94523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Douglas

(a) Residence: No. 14 Pleasant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Douglas (Dead)

6. DATE OF BIRTH (month, day, year) Aug. 9, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sandy Douglas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Oct 20, 1933

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933 to Oct 17, 1933

I last saw him alive on Oct 17, 1933 Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) P. Hospital M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

0029

Spec.—1-12-23—M&T—500 Blks.

E 94524 HEALTH DEPARTMENT—CITY OF BALTIMORE E 94524

120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3916 Old Frederick Rd. WARD) 20-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm F. Wild.

(a) RESIDENCE NO. 3916 Old Frederick ST. Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Woodson Sarah M. Wild.

6 DATE OF BIRTH (month, day, and year): April 2, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	79	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Jacob Wild,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Sarah M. Wild 3916 Old Frederick Rd.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 - 18 1933.

17 I HEREBY CERTIFY, That I attended deceased from Dec-10, 1930, to 10 - 18 - 1933.

that I last saw him alive on 10 - 17, 1933.

and that death occurred, on the date stated above, at 5:15 A. m

The CAUSE OF DEATH* was as follows:

Acute Gastro - Enteritis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Senility

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) S. Lloyd Johnson M. D.

, 19 (Address) 7280 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation London Park — DATE OF BURIAL: 10/20/1933

20 UNDERTAKER: Frederick A. Pole — ADDRESS: 1206 W. Lombard

TION is very important See instructions on back of certificates.

OCT 20 1933

M. D. B. 1268-9

E 94525

HEALTH DEPARTMENT—CITY OF BALTIMORE

94525

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2431 Edmondson Ave St. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Oliver

(a) Residence: No. 2431 Edmondson Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Ruth L

6. DATE OF BIRTH (month, day, year) Mar 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Ruth L Oliver
(Address) 2431 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Oct 21, 1933

19. UNDERTAKER F Lyon Lubey
(Address) 1711 Pennsylvania Ave

20. FILED 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20", 1933 to Oct 18", 1933

I last saw him alive on Oct 18", 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Embolism Coronary artery — Date of onset Oct 16 33

Other contributory causes of importance:
Cardio Vascular Degeneration

Name of operation None — Date of ...

What test confirmed diagnosis? Autopsy — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H M Fiehte M. D.

(Address) 1711 Pennsylvania Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

E 94526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94526

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 373 Gilmor St., 15-01 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Wesley Hanson

(a) Residence: No. 1373 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosetta Hanson

6. DATE OF BIRTH (month, day, year) Jan 7 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Expressman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1929

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Amsandale Co Va

FATHER

13. NAME John Hanson

14. BIRTHPLACE (city or town) (State or country) Amsandale Co Va

MOTHER

15. MAIDEN NAME Rosetta Wallace

16. BIRTHPLACE (city or town) (State or country) Amsandale Co Va

17. INFORMANT Rosetta Hanson

(Address) 1373 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct 21 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED Oct 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 17, 1933.

I last saw him alive on Oct 17, 1933. death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 11 1933

Other contributory causes of importance:

Cerebral Hemorrhage & Arteriosclerosis	Mch 1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm N. Wright M. D.

(Address) 1209 Pennsylvania

M. D. [illegible] E 94527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94527

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Carter

(a) Residence: No. 1025 N. Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28. 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3 1/2 3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME [illegible] James Carter

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME [illegible] Viola Boone

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Viola Carter.
(Address) 1025 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct 20 1933

19. UNDERTAKER Thomas G. Kelly
(Address) 1505 Presstman St

20. FILED ..... 19 ..... Registrar.

OCT 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-11-33. 19 to 10-19-33. 19

I last saw her alive on 10-19-33. 19 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Provident Hospital M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 94528 ✓ E 94528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 12-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Johnson

(a) Residence: No. 209 E. 23rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 11, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Walter Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Bold

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT ...
(Address) ...

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Oct 20, 1933

19. UNDERTAKER ...
(Address) ...

20. FILED ..., 19... Registrar.

0911

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/11/22, 19... to 10/12/22, 19... I last saw him alive on 10/12/22, 19... Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	10/13/22.
Other contributory causes of importance:	
Hemorrhagic disease of newborn	10/12/22.

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howell S. Stout, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1933-9 E 94529 ✓ E 94529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 157-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 26-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Bena

(a) Residence: No. 620 N Clinton St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 12, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ..7.. hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Joseph Bena

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Theresa Stack

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Oct 20, 1933

19. UNDERTAKER .....
(Address)

20. FILED ..... 19.. .....
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/12/33, 19.. to 10/12/33, 19..

I last saw he alive on 10/12/33, 19.. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
rupture of meningocele	10/12/33

Other contributory causes of importance:

meningocele	10/12/33
spina bifida	10/12/33
congenital idiocy	10/12/33

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury.....19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Russell S Flood M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 94530 ✓ E 94530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 43 W Preston St 11-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 50 yrs. ..... mos. ..... ds.

2. FULL NAME Sebastian G. Braglia

(a) Residence: No. 43 W Preston st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Margaret Braglia

6. DATE OF BIRTH (month, day, year) Oct 26 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	10 11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 1 4

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Victor Braglia

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Braglia

(Address) 43 W Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 10/24 19 33

19. UNDERTAKER Jerry A Farley

(Address) Fulton Ave & Fayette

20. FILED ..... By ..... Registrar.

OCT 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 , 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to Oct 19 1933

I last saw him alive on Oct 19 1933 Death is said to have occurred on the date stated above, at 1245 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage, Duration and Unconsciousness, Relations by Request	
Due Interstitial Nephritis.	
Contributory	
Other contributory causes of importance: Pulmonary Oedema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wyatt D Mitchell , M. D.

(Address) 210 E Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94531

94531

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospitals St. 20-01 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 69 yrs. ----- mos. ----- ds.

2. FULL NAME Catherine Orf. (Catherina Orf)

(a) Residence: No. General German Aged People's Home. St., Baltimore & Payson Sts. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed or divorced (or) WIFE of Nicholas Orf.

6. DATE OF BIRTH (month, day, year) April 4, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Regina Dietrich.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT General German Aged People's (Address) Home record.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Oct. 21 1933

19. UNDERTAKER R. B. Cook (Address) 1003 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intertrochanterica fracture of right femur.	9/10/33
Occidental fall on street.	
Other contributory causes of importance: Hypostatic pneumonia.	

Name of operation Application of cast Date of 9/12/33

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury ..... 19 .....

Where did injury occur? Block of 2700 E. Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public street.

Manner of injury Occidental fall on street.

Nature of injury Fractured femur.

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otto H. Reinhardt Coroner, M. D.

10/20/33 (Address) 1017 E. Charles st.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 12689

✓ E 94532

94532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Greenmount Ave St. 10-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry F. Dick

(a) Residence: No. 1030 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara L.

6. DATE OF BIRTH (month, day, year) Nov 14 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Dick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gretchen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Dick

(Address) 1030 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 21, 1933

19. UNDERTAKER Rita Wiedefeld

(Address) 1030 Greenmount Ave

Huntington Indiana

20 1933 FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22 1933 to Oct 17 1933

I last saw h[illegible] alive on Oct 17 1933. Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Other contributory causes of importance:	
Acute Carbon Dilatation	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas L Hooper M. D.

(Address) 3572 Norfolk

INSTRUCTIONS ON BACK OF CERTIFICATE. THIS CERTIFICATE IS VERY IMPORTANT. PLEASE READ THE

M. D. B. 1268-9

94534
2788

E 94533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard F. Wright

(a) Residence: No. 415 W Norman St., Ward. Dayton Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) 12/30/93

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Frank Wright

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Ella Wagner

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Dayton Ohio 10/20/33 19

19. UNDERTAKER Jos. Rahrig

(Address) 220 Bway

20. FILED Oct 23 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933 to Oct 20, 1933.

I last saw him alive on Oct 20, 1933 Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Benign	1928

Other contributory causes of importance:

Name of operation Cerebellar Exploration Date of 10-20-33

What test confirmed diagnosis? Biopsy Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 94534

94534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Powhatan Ave 5-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Agnes Callahan

(a) Residence: No. 3309 Powhatan Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ or (or) WIFE of Francis A. Callahan

6. DATE OF BIRTH (month, day, year) Feb 27 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Edward Callahan

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME Mariah O'Neill

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Joseph J. Callahan (son)
(Address) 3309 Powhatan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 21 1933

19. UNDERTAKER Margaret D. Flynn
(Address) 2107 N. Milton Ave

20. FILED ..... 19..... Registrar.

21333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 20 , 19 33 to October 19 , 19 33

I last saw her alive on October 18 , 19 33 Death is said to have occurred on the date stated above, at 1:30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage and paralysis	Oct 17 1933
Other contributory causes of importance:	
arteriosclerosis	1925
hypertension	1925
myocarditis	June 1933

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Hubbert M. D.

(Address) 2220 Harrison Ave

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 94535

HEALTH DEPARTMENT—CITY OF BALTIMORE

94535

CERTIFICATE OF DEATH

13-002

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14 S. Calverton Rd 21-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Lucille Shewell

(a) Residence: No. 1226 Glyndon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 9-1932

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) — (State or country)

MOTHER

15. MAIDEN NAME Mary S. Shewell

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Linda Engles

(Address) 14 S. Calverton Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Conv. Date Oct. 21 1933

19. UNDERTAKER Harry H. Leitzke

(Address) 4101 E Lanvale Ave

Huntington Hollows, Md.

20. FILED Oct 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) Oct. 19, 1933.

22. I HEREBY CERTIFY, That I attended deceased from 10-15- 1933, to 10-19-33 19....

I last saw h[illegible] alive on 10-18- 1933 Death is said to have occurred on the date stated above, at 6.20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	10-8-33

Other **contributory causes** of importance:

none	

Name of operation none Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Rolandt M. D.

(Address) 2532 Edmondson Ave

M. D. B. 1268-9

✓ E 94536

HEALTH DEPARTMENT—CITY OF BALTIMORE

94536

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 Boston St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Berner or Berman

(a) Residence: No. 3036 Boston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Berner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Petron

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances Berner
(Address) 3036 Boston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville M. E. Cem. Date Oct 21 1933

19. UNDERTAKER Stephen Siebenhaar INC
(Address) 1300 Eastern Ave

20. FILED Oct 21 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A Herzgrund Coroner M. D.

(Address) 1305 Patterson Park

M. D. B. 1268-9

E 94537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 27059 94537

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilson Smith

(a) Residence: No. Pleasant Dale W. Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Hazel

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) W. Va.
(State or country)

FATHER

13. NAME Taylor Smith

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Paw Paw W Va Date 10/20/33

19. UNDERTAKER Joseph Abrams
(Address) 121 Bway

20. FILED Oct 23, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1933 to October 20 1933
I last saw him alive on October 20 1933 Death is said to have occurred on the date stated above, at 4 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor —	Feb
Metastatic Carcinoma	1933

Other contributory causes of importance:

Multiple Neurofibromatosis

Name of operation Rt. Cranio tomy Date of Sept

What test confirmed diagnosis Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul A. Kuntzel, M. D.

(Address) The Johns Hopkins Hosp

M. D. B. 1268-9

✓ E 94538

E 94538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 21-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Blessing

(a) Residence: No. 1007 Ridgely St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Julia Kreipl Blessing

6. DATE OF BIRTH (month, day, year) Mar. 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	6	29 10	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 150

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany, N. Y.

FATHER

13. NAME John Blessing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/21/33 19

19. UNDERTAKER George J. Putts Sons

(Address) 1334 Eutaw Place

20. FILED OCT 21 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to Oct. 18, 1933

I last saw him alive on Oct. 18, 1933 Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Christopher Coolahan M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

94539 ✓ E 94539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. ..... St. 12-21 Ward)
(If death orrurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Fischesser

(a) Residence: No. 607 W. 33rd St., ... Ward.
(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Fischesser

6. DATE OF BIRTH (month, day, year) Dec. 4, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Electrical engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030
10. Date deceased last worked at this occupation (month and year) April 1933
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER
13. NAME Joseph Fischesser
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Anna Brunner
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Bessie M. Gill
(Address) 9162 58th Ct

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct 23, 1933

19. UNDERTAKER John Fullnit
(Address) 1008 Aliceanna

20. FILED ..... 19..... Registrar.

OCT 21 1933 RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-11-, 1933 to 10-21-, 1933
I last saw him alive on 10-21-, 1933 Death is said to have occurred on the date stated above, at 12:25 A m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	May 1933
Cardio Vascular Renal Disease	

Other rontributory causes of importanre:

Pulmonary edema	10-20-33

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external rauses (violence) fill in also the following:
Accident, suiride, or homiride? ..... Date of injury ..... 19.....
Where did injury ocrur? (Specify rity or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to ocrupation of deceased?
If so, specify .....
(Signed) L. E. Lange M. D.
(Address) Md. Gen. Hospital.

E 94540

94540 2755-80

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank D. Shea

(a) Residence: No. 115 Pasa Blvd St., Winnipeg Canada Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel

6. DATE OF BIRTH (month, day, year): 6-17-88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Patrick Shea

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Burns

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Winnipeg Canada Date Oct 22, 1933

19. UNDERTAKER: Kenny & Jenkins Inc. Co.

(Address) McCulloch and Aisquith

20. Filed 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933 to Oct 20, 1933

I last saw him alive on Oct 20, 1933. Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	March 1932
Other contributory causes of importance:	
Bronchopneumonia	Oct. 19, 1933

Name of operation: None Date of:

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Padget M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION IS VERY Important. See INSTRUCTIONS on BACK of CERTIFICATE.

M. D. H. 1268-9

✓ M E 94541

94541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle MacDonald

(a) Residence: No. 1823 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Henry Stockbridge 3rd
(Address) 502 Broadside Rd Towson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/21 '33

19. UNDERTAKER Tilson Cook
(Address) 1211 St Paul St

Oct 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 to 19

I last saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Left Tibia	July 29, 1933
Broncho Pneumonia	Oct 17, 1933

Other contributory causes of importance:

Automobile Accident	July 29, 1933

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 29 1933

Where did injury occur? Mulberry & Howard Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ✓ If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

M. D. P. 1268-9

E 94542

HEALTH DEPARTMENT—CITY OF BALTIMORE

94542

CERTIFICATE OF DEATH

119 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Welde

(a) Residence: No. 1420 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 27th 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Welde

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Maggie Woodland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Maggie Welde

(Address) 1420 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 24 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Oct 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-18 1933 to 10-20 1933

I last saw h— alive on 10-20 1933 Death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

Fermentative Deiarrhea

Marasmus

Date of onset ? ?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Dunbar M. D.

(Address) St. Agnes Hospital

M. D. H. 1268-0

V M E 94543

HEALTH DEPARTMENT—CITY OF BALTIMORE

94543

CERTIFICATE OF DEATH

X 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., or Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arnold Morton Brown

(a) Residence: No. Rockland, Brooklandville Rd. St.: Baltimore Co, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec. 1, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bleachers Oper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butler, Md

FATHER

13. NAME Daniel Brown

14. BIRTHPLACE (city or town) (State or country) Butler, Md

MOTHER

15. MAIDEN NAME Minnie Bantlitz

16. BIRTHPLACE (city or town) (State or country) Brooklandville, Md

17. INFORMANT Mrs. Minnie P. Brown

(Address) Rockland, Baltimore Co, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Glenwood Cem Co Date Oct 24, 1933

19. UNDERTAKER C. W. C. Burch & Son

(Address) Govans, Md.

20. FILED Oct 21 1933, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock	

Other contributory causes of importance:

Automobile Accident

Name of operation Amputation left leg Date of 10/20/33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/20, 1933

Where did injury occur? Falls Rd nr old Court Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto truck

Nature of injury Riding bicycle

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Jr. M. D. Coroner

(Address) 2200 E Madison St

M. D. B 1268-9

E 94544

E 94544 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 70-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr William F. Hellmann

(a) Residence: No. 226 S. Monastery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. Mrs Hellmann

6. DATE OF BIRTH (month, day, year) Oct 5. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ladies Garment Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jacob Bros

10. Date deceased last worked at this occupation (month and year) Oct 33

11. Total time (years) spent in this occupation 08

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm F. Hellman Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine E. Hellmann

(Address) 226 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 23 1933

19. UNDERTAKER Mr & Mrs. John H. Penkert & Son

(Address) 801 W. Fayette St

20. Date ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1933 to Oct 20 1933

I last saw h... alive on Oct 20 1933 Death is said to have occurred on the date stated above, at 1.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	?
Other contributory causes of importance:	

Name of operation Ventricular Puncture Date of 10/17/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify —

(Signed) John E Dennis M. D.

(Address) 4 E Lanvale St

AaCo. 5-31 250B

94545 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94545

23

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 W. Fremont St., 17-01 (Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Dacey

(a) Residence: No. 767 W. Fremont Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1912

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	21	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME John Dacey

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Lillie Dacey

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Julia Dacey
(Address) 767 W. Fremont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 10-21 1933

19. UNDERTAKER Dennis Corbin
(Address) 916 Pa Ave

20. FILED 10-21-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Oct 19, 1933
I last saw him alive on Oct 18, 1933, death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. McCard M. D.
(Address) 2024 Druid Hill Ave

M. D. B. 1268-9

E 94546

94546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 McElderry St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Doenges

(a) Residence: No. 1906 McElderry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Doenges

6. DATE OF BIRTH (month, day, year): Jan 7 1847

7. AGE: Years 86 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Henry Leonard Dieterich

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Fredericka Schneider

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Sister Fredericka Ullrich

(Address): Chase, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Oct 24 1933

19. UNDERTAKER: Jos. Christian Miller & Son

(Address): 2330 Eastern Ave

20. FILED ... 19... Registrar.

OCT 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1927 to Oct 20 1933

I last saw her alive on Oct 20 1933 Death is said to have occurred on the date stated above, at 3:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Cerebral Softening	1928
Chronic Nephritis	1931
Other contributory causes of importance:	
Senile Dementia	1928

Name of operation: None Date of

What test confirmed diagnosis: Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) William R. Fraught M. D.

(Address) 2225 St Paul St

H. D. B. 1268-9

M E 94547

E 94547 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wallace Meadows

(a) Residence: No. 606 Waltemeyer Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	cd	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mal

6. DATE OF BIRTH (month, day, year) June 10, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union, S.C.

FATHER

13. NAME Benjamin Meadows

14. BIRTHPLACE (city or town) (State or country) Union, S.C.

MOTHER

15. MAIDEN NAME Susie Watson

16. BIRTHPLACE (city or town) (State or country) Union, S.C.

17. INFORMANT Wm Foote

(Address) 215 Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cr Date 10/21 1933

19. UNDERTAKER Sarah L Brown Son

(Address) 1 S W Montgomery St

20. FILED Oct 21 1933 Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from injury 1933 to ..... 19.....

I last saw h... alive on injury 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Following fractured (simple) right Tibia & Fibula	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy: no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 7. 1933

Where did injury occur? Penna Ave & Retreat St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto truck

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dan'l Sokorny M. D.

Coroner

(Address) 2200 E Madison St

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94548 E 94548

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 152 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 13-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Madison

(a) Residence: No. 1504 W 36th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jack Madison

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Edna Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St Marys, Hampden Date Oct. 23 1933

19. UNDERTAKER Chenoweth Bros
(Address) 2615-17 Chestnut Ave.

20. FILED 1933 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1933 to Oct. 20 1933

I last saw him alive on Oct. 20 1933 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphlococcus Septicemia (Staph. Aureus)	10/12/33
Other contributory causes of importance:	
Abscesses Rt. Leg	10/6/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. P. 1268-9

E 94549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94549

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Milbrook Road St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles McClelland Athey

(a) Residence: No. 4 Milbrook Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Clare Burch

6. DATE OF BIRTH (month, day, year) March 1, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Romney W. Va.

FATHER

13. NAME John W. Athey

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Eliza Ward

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles B. Athey
(Address) 307 Hopkins Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Oct. 21 1933

19. UNDERTAKER John O. Mitchell & Sons, inc
(Address) 1900 Eutaw Place

20. FILED OCT 21 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 - 1927 to Oct 19 - 1933

I last saw h. alive on Oct 19 - 1933 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertrophic cirrhosis with hypertension	1927
Other contributory causes of importance:	
Cerebral Hemorrhage -	Oct 19 33

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 94550 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94550

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Bentalou St. St. 15-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest P. Friedrich

(a) Residence: No. 1915 Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ernest P. Friedrich

14. BIRTHPLACE (city or town) (State or country) Saxony

MOTHER

15. MAIDEN NAME Ernestina Strembel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ernest P. Friedrich
(Address) 1915 Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem'ty Date Oct. 23, 1933

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED OCT 21 1933, 19 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20-, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 to ..., 19 ... I last saw h alive on ..., 19 ... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accident.
Asphyxiated by Illuminating Gas
Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) ...

M. D. B. 1268-9

E 34551

94551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene E. Heacock.

(a) Residence: No. 418 S. Smallwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 17, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles L. Heacock.

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Maude E. Frarble.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Maude E. Heacock. (Mother)
(Address) 418 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/21, 1933

19. UNDERTAKER Frederick A. Dole
(Address) 1200 W. Lombard St.

20. FILED 21 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nitrat Insufficiency.	
Congenital.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Otto M. Reinhard, M. D.
Coroner

10/20/33 (Address) 1017 E. Charles St.

M. D. H. 1268-9

E 94552

HEALTH DEPARTMENT—CITY OF BALTIMORE

94552

CERTIFICATE OF DEATH

XV 157-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delano Hooper

(a) Residence: No. Mt. Airy Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) August 2, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Taylorsville Md.

FATHER

13. NAME Jess Hooper.

14. BIRTHPLACE (city or town) (State or country) Taylorsville Md.

MOTHER

15. MAIDEN NAME Carrie Hauer

16. BIRTHPLACE (city or town) (State or country) New Market Md.

17. INFORMANT Father.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mercy Hospital Date Oct 21 19 33

19. UNDERTAKER .....
(Address)

20. FILED 21 1933 19 0013 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1933 to Oct. 14, 1933

I last saw h.. alive on Oct. 14, 1933 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus.	Birth
Spina Bifida.	Birth
Pneumonia.	

Other contributory causes of importance:

Malnutrition	Birth
Umbilical Hernia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due tu external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Glen A. Kochman M. D.

(Address) Mercy Hospital

E 94553

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94553 ✓ 163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos. St., 4-01 Ward)

Length of residence in city or town where death occurred 47 yrs. 10 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Emma Hohn

(a) Residence: No. 645 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David Hamilton Hohn

6. DATE OF BIRTH (month, day, year): Dec. 15, 1885

7. AGE: Years 47 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John F. Dorsey

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Georgeanna Smith

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Miss Rhoda Smith

(Address) 515 Scott St.

18. BURIAL, CREMATION, OR REMOVAL: Oct 21 1933

Place: Baltimore Cem. Date: Oct 21 1933

19. UNDERTAKER: Wm. Tucker & Sons

(Address) Lexington & Howard Sts.

20. Filed: 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of mercury Poisoning	10/11/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 10/11, 1933

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury took 2 Hg Cl2 tablets

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Augustus Tillis M. D. Coroner

(Address) 1739 Eastern Ave.

M. D. B. 1265-3

E 94554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94554

V 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Honkins Hospital St. 20-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irvin Matzdorf

(a) Residence: No. 2505 Emerson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 17/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman Matzdorf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katie Hennag

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Matzdorf
(Address) 2505 Emerson St

18. BURIAL, CREMATION, OR REMOVAL Date Oct 22, 1933
Place London Park Cem

19. UNDERTAKER Frederick C. Cole
(Address) 1220 W. Lanvale St.

Oct 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

Gastro-intestinal lesion — Date of onset

Other contributory causes of importance:

Jaundice

Hemorrhage in lungs

History of convulsions

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify. .....

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Monument

E 94555

M. D. B. 1268-9

94555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. Kenwood ave St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhelmina D. Hasse

(a) Residence: No. 604 S. Kenwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Bernard L. Hasse

6. DATE OF BIRTH (month, day, year) Aug. 17. 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Musch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Kenneth Nagler

(Address) 604 S. Kenwood ave.

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. cem. Date Oct 22 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

Huntingtown Williams Registrar.

FILED 211933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22 1932 to Oct 19 1933

I last saw h[illegible] alive on Oct 19 1933. Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

None	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) C. L. Lum M. D.

(Address) 418 Fort Thwing Bldg Md.

M. D. B. 1203 E 94556 ✓ E 94556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Wheeler

(a) Residence: No. 1524 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Wheeler

6. DATE OF BIRTH (month, day, year) Nov. 26, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester, Md.

FATHER

13. NAME Camille Micka

14. BIRTHPLACE (city or town) (State or country) Chester, Md.

MOTHER

15. MAIDEN NAME Helen Hazleton

16. BIRTHPLACE (city or town) (State or country) Chester, Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kent Island Cem Date 10/22 '33

19. UNDERTAKER Chas A. Burkett

(Address) 324 Eastern Ave

20. FILED OCT 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1933 to Oct. 20, 1933

I last saw her alive on Oct. 20, 1933 Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1933
Other contributory causes of importance:	
Pulmonary hemorrhage	Oct. 20 1933

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9 E 94557

E 94557

2/7/99 Surg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-01 St., ... (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Castine ave.

(a) Residence: No. 3911 Park Heights St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 22 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Louis Castine

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Jacobson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 10-22-33, 19....

19. UNDERTAKER Beck Funeral Home
(Address) 1439 E. Baltimore St.

20. FILED Oct 22 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933 to Oct 21, 1933

I last saw h.. alive on Oct 21, 1933 Death is said to have occurred on the date stated above, at 12 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Jan-1932
General peritonitis	10-20-33

Other contributory causes of importance:

Partial Resection of stomach & Polya anastomosis 10-18-33

Name of operation Drainage abdominal abscess Date of 10-20-33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Albert C. Daniels M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268 E 94558

E 94558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH Sinai Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Monument + Rutland St. 15-01 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Franks

(a) Residence: No. 2038 Ruxton Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year)

7. AGE Years 57 Months Days If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Hymowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 10/22 1933

19. UNDERTAKER Jack Lewis Inc. (Address) 1439 E. Balto St

20. FILED Oct 22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-6 1933 to 10-21 1933 Death is said I last saw h alive on 10-21 1933 to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis + Cholelithiasis — Date of onset 1923

Ca of Pancreas (?)

Other contributory causes of importance:

Hemorrhage + Shock — 10-21-33

Acute Cardiac Dilatation — 10-21-33

Name of operation Cholecystotomy Date of 10-19 33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Alfred E. Vann, M. D.

(Address) Sinai Hospital

M. D. B. 1268-a E 94559

E 94559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 N. Luzerne Ave St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Elizabeth Reuer

(a) Residence: No. 436 N. Lakewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Reuer

6. DATE OF BIRTH (month, day, year) Aug 12/1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Fritz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Black

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Kellner

(Address) 436 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date Oct 23/ 1933

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eastern Ave

20. FILED Oct 24 1933 [illegible] Registrar.

Oct 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to Oct 20 1933

I last saw h[illegible] alive on Oct 19 1933. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 yr previous
Coronary Sclerosis	
Other contributory causes of importance: Hypertensive Myocarditis	Oct 12- '33
Pulmonary Edema	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Wm G Leyer M. D.

(Address) 156 W. Preston Ave

M. D. B. Form 9

Males E 94560

E 94560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 11-81 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Malco William Joseph malco

(a) Residence: No. Maryland Gen. Hosp. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/25/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Louis Malco

14. BIRTHPLACE (city or town) (State or country) Pontiac Michigan Stockbridge

MOTHER

15. MAIDEN NAME Nellie Pearl Mundy

16. BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

17. INFORMANT Henry I Malco

(Address) Glenburnie Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Point Va Date 10/22 1933

19. UNDERTAKER Joseph B Cath

(Address) 1013 N. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/10/33 19..... to 10/22/33 19..... I last saw h.im alive on 10/22/33 19..... Death is said to have occurred on the date stated above, at 3 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Intestinal Obstruction	Birth
(a) Pyloric Stenosis	

Other contributory causes of importance:

Malnutrition	Birth
Acute Dilatation of Stomach.	

Name of operation 1. Rem. stricture 1. 10/14/33 2. Ant. Gast. Enterost. Date of 2. 10/17/33 operation

What test confirmed diagnosis? X-ray examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) Md. Gen. Hospital

Spec.—B-30—A A Co. 37

E 94561 ✓ E 94561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3025 Gwynn Falls Pky ST. 15-01 WARD)

2. FULL NAME George Knox Peregoy

RESIDENCE No 3025 Gwynn Falls Pkwy ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word)
M.	W.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Adams Peregoy

6 DATE OF BIRTH (month, day, and year) Nov 16-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	88	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 61

(b) General nature of industry, business, or establishment in which employed (or employer) Policeman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas Peregoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Gibson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wife J. F. Peddicord

(Address) 3025 Gwynn Falls Pkwy

15 Filed OCT 22 1933 19 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21, 1933.

17

I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to Oct-21, 1933

that I last saw him alive on Oct-21, 1933

and that death occurred, on the date stated above, at 3:45 P. M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Chronic Myocarditis

Arteriosclerosis

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) James R. Carpenter M. D.

19 10/22/33 (Address) 721 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem't DATE OF BURIAL Oct 23-33

20a UNDERTAKER Leo Bertrand ADDRESS 2224 N. Fremont Ave

M. D. B. 1268-9 E 94562 ✓ E 94562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 115 E West St. Ward 24-01)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otillia Scheue.
(a) Residence: No. 115 E West St., 24th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph. B. Scheue.

6. DATE OF BIRTH (month, day, year) Nov. 26 1865

7. AGE — Years 67 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Bernard Harle.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Lisetta. Ehrbar
16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Elizabeth Scheue
(Address) 115 E West St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Co Date 10/23rd/33

19. UNDERTAKER Bernard C. Harle
(Address) 1000 S Paca St.

20. FILED OCT 22 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from October 11 1933, to October 19 1933
I last saw her alive on October 19 1933 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	not known
Other contributory causes of importance: acute Pulmonary Edema	10/2 33

Name of operation none. Date of
What test confirmed diagnosis? Autopsy examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.
Address 107 East west street.

M. D. B. 12668 E 94563 ✓ E 94563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5315 Holder Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Mitchell

(a) Residence: No. 5315 Holder Avenue Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Mitchell

6. DATE OF BIRTH (month, day, year) October 31, 1860

7. AGE Years	Months	Days	If LESS than 1 day ... or ... min.
72	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernard Kernan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Harten

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Lloyd Mitchell
(Address) 5315 Holder Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct. 23, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED OCT 23 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19/33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h alive on ....., 19... Death is said to have occurred on the date stated above, at before 7 a.m.

The principal cause of death and related causes of importance were as follows:

Probably Coronary Embolis — Date of onset

Other contributory causes of importance:

History of Chr Endocardial Lesion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. S. Hoffman Coroner, M. D.

(Address) 508 E Northern

Spec.—12-9-25—A Co.—200 Lks.

E 94564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94564

CERTIFICATE OF DEATH.

82-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No.) Little Sisters of the Poor St. 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Schrader

Little Sisters of the Poor

(a) RESIDENCE NO. 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — ?

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
? 75?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York

(State or country)

10 NAME OF FATHER Henry Schrader

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant Sister Stanislaus Supr.

(Address) 1200 Valley St. Balto. Md.

15 Filed Oct 22 1933 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 20 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 19 1933 to Oct 21 1933, that I last saw him alive on Oct 20 1933, and that death occurred, on the date stated above, at 6:00 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

Arteriosclerosis

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Bril Parker, M. D.

10/21, 1933 (Address) 111 W Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial Oct 23 1933

20 UNDERTAKER Rita Friedfeld — ADDRESS 914 Fremont Ave

M. D. B. 1268-9 E 94565

E 94565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3310 W North St., 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 16 ds. How long in U. S. If of foreign birth? 69 yrs. 8 mos. 16 ds.

2. FULL NAME Dr. John Frederick Hempel

(a) Residence: No. 3310 W North Av St., 15 Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elsie Bell Hempel

6. DATE OF BIRTH (month, day, year) Feby-4-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Pathologist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. of Health of Balto

10. Date deceased last worked at this occupation (month and year) About July 23/33

11. Total time (years) spent in this occupation 35 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME John. F. Hempel

14. BIRTHPLACE (city or town) (State or country) Frankfurter Germany

MOTHER

15. MAIDEN NAME Essentia Reiber

16. BIRTHPLACE (city or town) (State or country) Mannheim Germany

17. INFORMANT Mrs J Hempel-Wife
(Address) 3310 W North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 23 1933

19. UNDERTAKER Sisler & Company Inc
(Address) 1000 W North Ave

FILED OCT 2 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-20-1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to Oct 20 1933
I last saw him alive on Oct 20 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Interstitial Nephritis	Oct 1931

Other contributory causes of importance:

myocarditis

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) John F. Hempel M. D.
(Address) 1219 Poplar Grove

M. D. B. 1268-a E 94566 ✓ E 94566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 25-01

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Dunning

(a) Residence: No. 538 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Dunning (Dead)

6. DATE OF BIRTH (month, day, year) June 19, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John L Hilts

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalene Lockenauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record (Address) Back Of Hosp

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 10/24/33

19. UNDERTAKER Wm Cooke (Address) 1219 E Fort Ave Balto Md

20. FILED Oct 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933 to Oct. 20, 1933

I last saw h[illegible] alive on Oct. 20, 1933 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	1 yr
Hypertension	?
Endocarditis	

Other contributory causes of importance:

Senile dementia	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I P Magill, M. D.

(Address) Back Of City Hosp

M. D. B. 1268-A E 94567 ✓ E 94567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Frederick Rd 20-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Reynolds

(a) Residence: No. 2818 Frederick Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Sadie A. Reynolds

6. DATE OF BIRTH (month, day, year) Jan 31st 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. Posters Sr

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME William Reynolds

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs Sadie A. Reynolds

(Address) 2818 Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 24th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ 1933 to Oct 21 1933

I last saw h[illegible] alive on Oct 21 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept 1933

Other contributory causes of importance:

Cardiac Insufficiency Dg

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1227 Druid Hill Ave

M. D. B. 12-49 E 94568 ✓ E 94568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Belview Ave St. 27-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian H. Stratmeyer

(a) Residence: No. 4311 Belview Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Elizabeth Stratmeyer

6. DATE OF BIRTH (month, day, year) Mar 23rd 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piel Bros.

10. Date deceased last worked at this occupation (month and year) Oct 15 1933

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Julius Stratmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Saukland

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Stratmeyer
(Address) 4311 Belview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 23rd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th, 1933 to Oct 21st, 1933

I last saw ~~him~~ alive on Oct 20th, 1933. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Mitral & Aortic regurgitation	
2 Cardiac hypertrophy	

Other contributory causes of importance:

Abscess teeth &	
Prostate enlargement	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) ... M. D.

(Address) 5912 Park Heights Ave

M. D. H. 1268-9 E 94569 ✓ E 94569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4415 Richland Rd St., 28-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice May Paine

(a) Residence: No. 4415 Richland Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. V. Paine

6. DATE OF BIRTH (month, day, year): July 24-1869

7. AGE: Years 64 | Months 2 | Days 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Robertsville Md.

MOTHER

13. NAME: Jas. Essington

14. BIRTHPLACE (city or town) (State or country): Md.

FATHER

15. MAIDEN NAME: May Cottier

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Benj. V. Paine 4415 Richland Rd

18. BURIAL, CREMATION, OR REMOVAL Place: Woodlawn Date: Oct 23rd 1933

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis — Date of onset

Arteriosclerosis — 1 year

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leech M. D.
Coroner

(Address)

E 94570 ✓ E 94570

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Gunner Rd St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C McDermott

(a) Residence: No. 3809 Gunner Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas McDermott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Reynolds

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William J. McDermott
(Address) 3809 Gunner Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 23. 1933

19. UNDERTAKER Martin Faber & Sons
(Address) 1317 N Howard Ave.

20. FILED Oct 18 1933 [illegible] Registrar.

22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1933 to Oct. 19 1933

I last saw her alive on Oct 19 1933. Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Other contributory causes of importance:	
Uremia - Chronic Endocarditis.	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Everett L Corell M. D.

(Address) 3705 Liberty Heights Ave.

M. D. B. 1268-B E 94571 ✓ E 94571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 64 S. Carrollton, Ave. 18-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine R. Connolly

(a) Residence: No. 64 S. Carrollton, Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael R. Connolly

6. DATE OF BIRTH (month, day, year) Jan. 5, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Arthur McKewn

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Nelson Connolly
(Address) 64 S. Carrollton, Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Med Cathedral Date 10 23 1933

19. UNDERTAKER Frederick C. Cole
(Address) 1233 W. Lombard St.

20. FILED ..... 19..... Registrar.

1221533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8 1933 to Oct 19 1933

I last saw her alive on Oct 19 1933 Death is said to have occurred on the date stated above, 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	Oct 1933
Other contributory causes of importance: Cardiac Nephritis & Hypertension	3/1/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so specify .....

(Signed) W. F. Hartzell M. D.

(Address) 1 E Franklin St.

M. D. B. [illegible] E 94572

✓ E 94572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapel Gate La. St. 28-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 2 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Amelia Wolfrum

(a) Residence: No. Relay, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Wolfrum

6. DATE OF BIRTH (month, day, year) Sept. 16, 1851.

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
82	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Ruscher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Nina B. Bauernfiend

(Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 10/23 1933

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 20, 1933

I last saw her alive on Oct 19, 1933. Death is said to have occurred on the date stated above, at 3 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/14/33
Myocardial Insufficiency	1900

Other contributory causes of importance:

Carcinoma of Left Breast & Generalized Metastases	1910
Senility, Generalized Arteriosclerosis	1910

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

E 94573

Spec. 6-9-19 H. P. Co.—1000 Blks.

E 94573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 82-002

1-PLACE OF DEATH West Ey. Ear Throat Hosp

CITY OF BALTIMORE: NO. 1214 Eutaw Place ST. 11-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Gibson Jr.

(a) RESIDENCE. NO. Laurel, Md. ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 20, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R. R. track laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Gibson, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Cassie Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Richard Gibson, Sr. (Address) Laurel Md.

15 Filed 19 Registrar

23 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933, to Oct 22, 1933, that I last saw h[illegible] alive on Oct 22, 1933, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Cavernous sinus thrombosis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Meningitis (not ~~of~~ stated)

Brain abcess (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 17

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings.

(Signed) M. L. Breitstein M. D.

19 (Address) 1213 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jacob Cemetery, near Laurel Md. DATE OF BURIAL 10/24 1933

20 UNDERTAKER Le Tritt Donaldson ADDRESS Laurel, Md.

M. D. B. 1268 E 94574 E 94574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 11-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jackson

(a) Residence: No. 711 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Jackson

6. DATE OF BIRTH (month, day, year) July 6 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Jackson

14. BIRTHPLACE (city or town) (State or country) Paris Ky.

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Virginia Ky

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 10-23 1933

19. UNDERTAKER Samuel T. Hegneley

(Address) 3778 W. Biddle St.

20. FILED 19 Registrar.

OCT 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18 1933

22. I HEREBY CERTIFY, That I attended deceased from October 2 1933 to Oct. 18 1933

I last saw him alive on Oct. 18 1933 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Chronic Nephritis	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phazel M. D.

(Address) Balt. City Hosp.

Spec. 2-29-28—L. F. S.—50M Blks. E 94575

E 94575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 90

1—PLACE OF DEATH Home for the Aged. REGISTERED NO. .....

CITY OF BALTIMORE: (No. 2211 Rogers Ave St.) (7-01 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C. Gittings

(a) RESIDENCE NO. Home for the Aged of the M. E. Church. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 23-1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

10 NAME OF FATHER Elijah Gore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. County Md.

12 MAIDEN NAME OF MOTHER Nancy Bumgarner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

Informant Records of the Home

(Address) 2211 Rogers Ave

Filed OCT 23 1933 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22-33.

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct. 22, 1933, that I last saw her alive on October 21, 1933. and that death occurred, on the date stated above, at 5. a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis (duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pericarditis (duration) ✓ yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) Geo. C. Hemmeter M. D.

10/23, 1933 (Address) 100 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Chapel — DATE OF BURIAL Oct 24 1933

20 UNDERTAKER George J. Smith — ADDRESS 1752 Haldan St

M. D. B. 1268-a E 94576 E 94576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 106-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Auraula Ave St. 46-01 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? X yrs. X mos. 2 da.

2. FULL NAME Mrs. H. Hearn (HEARN)

(a) Residence: No. 3027 Auraula Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mary V Hearn

6. DATE OF BIRTH (month, day, year) Feb 2, 1856.

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	77	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Hearn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliz Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. H. Hearn
(Address) 3027 Auraula Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Oct 22 1933

19. UNDERTAKER George Smith
(Address) 532 Light St

20. FILED Oct 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1933 to Oct 20 1933
I last saw him alive on Oct 20 1933 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	1922

Other contributory causes of importance:

old age	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X 19X

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
(If so, specify)

(Signed) A. A. Hearn M. D.

(Address) 3027 Auraula Ave

M. D. B. 12688 E 94577

E 94577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hope Retreat St. 28-01 Ward)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Stypka

(a) Residence: No. Mrs Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

13. NAME unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Hope Retreat
(Address) Mrs Hope Retreat

18. BURIAL, CREMATION OR REMOVAL
Place Cem 24 Oct 33 Date New Cathedral 19..

19. UNDERTAKER Stewart & Mowen Company
(Address) 158 W North Ave

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925 to Oct 22, 1933.

I last saw him alive on Oct 21, 1933. Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Decompensation	1 day
Other contributory causes of importance:	
Hemiplegia	12 yrs
Cerebral Hemorrhage	

Name of operation None Date of

What test confirmed diagnosis? Phy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wyeloy F. Hall M. D.

(Address) Mrs Hope Retreat

1251933

M. D. B 1268-4 E 94578 E 94578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Park Ave. St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William G. Hudgins

(a) Residence: No. 1509 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gamble

6. DATE OF BIRTH (month, day, year) Jan. 19, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John R. Hudgins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah J. Cummings

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Wm. H. Hudgins
(Address) 842 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemy. Date 10/23/33 19

19. UNDERTAKER H. O. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED Huston Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1933 to Oct 20 1933

I last saw him alive on Oct 20 1933 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B. & fibroid	Probably many yrs ago
Other contributory causes of importance: Pulmonary tuberculosis of the pleura with effusion	2 yrs ago

Name of operation None Date of

What test confirmed diagnosis? autopsy findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Ehrhart M. D.

(Address) 1403 Park Ave

M. D. E 94579 (1268-5)

E 94579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X.V46

1. PLACE OF DEATH Union Memorial Hospital Registered No.

CITY OF BALTIMORE: (No. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Harkins.

(a) Residence: No. Forest Hill, Harford Co., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of [illegible]

6. DATE OF BIRTH (month, day, year) May 15th 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired.) do

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Harkins. (d)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Rodgers.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) (Son)

18. BURIAL, CREMATION, OR REMOVAL. Place Salem (Co.) Date 10/25 1933

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th 1933, to Oct 23rd 1933

I last saw h[illegible] alive on Oct 23rd 1933. Death is said to have occurred on the date stated above, at 7:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, broncho	10-22-33
Myocardial failure.	"
Other contributory causes of importance:	
Cancer of Stomach - (Pyloric region)	?

Name of operation Gastro-enterostomy Date of 10-20-33

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Franco M. D.

(Address) Union Memorial Hosp

M. D. B 1268-9

E 94580

E 94580 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME James Halloway

(a) Residence: No. Woodstock College, Woodstock, Md.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Unknown) Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodstock College 070

10. Date deceased last worked at this occupation (month and year) 10/33

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Brother Charles

(Address) Woodstock College

18. BURIAL, CREMATION, OR REMOVAL Woodstock Md Date 10/24, 1933

19. UNDERTAKER Bernard C Harker

(Address) 1000 S Paca St

20. FILED OCT 23 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1933 to 10/21, 1933

I last saw him alive on 10/21, 1933 Death is said to have occurred on the date stated above, at 7 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Cardio-Vascular Renal Disease	1 yrs.
Cerebral Vascular Accident	2 days?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

94581 E 94581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Myrtle Ave St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Garage

(a) Residence: No. 1308 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black color	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 22 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George R Garage

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maggie Tucker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Maggie Garage

(Address) 1308 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 24 19 33

19. UNDERTAKER Clarence E Wright

(Address) 1008 Edmondson Ave

20. FILED 19 Hattie Wilson Registrar

OCT 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 19 33

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 19 33 to Oct 21 19 33

I last saw her alive on Oct 21 19 33 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 21

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) W S Baldwin M. D.

(Address) 1 Mt Vernon Pl

Spec.—9-30—A. & Co.—250 Bks.

E 94582 1933

94582

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131 1877

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 15-21 WARD)

2. FULL NAME John Marion Jordan

(a) RESIDENCE NO. 1341 N. Stockton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Ella Jordan

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 56 Months — Days — If LESS than 1 day, hrs. ..... or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Not Given

11 BIRTHPLACE OF FATHER (city or town) (State or country): .....

12 MAIDEN NAME OF MOTHER: Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): .....

14 Informant: Ella Jordan
(Address) 1341 N. Stockton

15 Filed OCT 23 1933 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-21-33

17 I HEREBY CERTIFY, That I attended deceased from 9-17-33, 19..., to 10-21-33, 19...

that I last saw him alive on 10-21-33, 19...

and that death occurred on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia Nephritis
Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Clinical

(Signed) William Lindsay Royster M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 25 1933

UNDERTAKER: James E. Wright

ADDRESS: 700 N. Canada Ave

M. D. B. 1268-9

E 94583 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 81V E 94583

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) ..... (Ward) .....
Length of residence in city or town where death occurred 60 yrs? ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Karkowski

(a) Residence: No. 628 S. Bethel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mark Karkowski

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Oct 23 1933

19. UNDERTAKER M. F. Sadowski
(Address) 1740 Eastern Ave

20. FILED 10-23-1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1925 to Oct. 21 1933
I last saw her alive on Oct 21 1933 Death is said to have occurred on the date stated above, at 12.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure, acute	7 hr.

Other contributory causes of importance:

Jaundice	?
Spastic paralysis (Rheumatic?)	30 yr.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Pinsell M. D.
(Address) Balto. City Hosp.

M. D. B. 1268-A E 94584 Berigtold E 94584

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 210-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-9 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward S. Berigitold

(a) Residence: No. 1111 Montrick St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 8, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Edward S. Berigitold Sr.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Thelma T Miller

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Edward S. Berigitold

(Address) 1111 Montrick St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Oct 23rd 1933

19. UNDERTAKER E. Schloman & Son

(Address) 1059 Hanover st

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 1933

22. I HEREBY CERTIFY, That I attended deceased from injury 19... to ... 19...

I last saw him alive on injury 19... Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

Crushed left thigh — Date of onset
Shock

Other contributory causes of importance:

Automobile Accident

Name of operation nad Date of ...

What test confirmed diagnosis? nad Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 20 1933

Where did injury occur? Intrest 1350 S Monroe St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Run over by truck

Nature of injury while playing in street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 1200 E. Madison St

M. D. B. 1268-9

94585

HEALTH DEPARTMENT—CITY OF BALTIMORE

94585

CERTIFICATE OF DEATH

99V

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2731 W. Lafayette Ave. 16-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Reynolds.

(a) Residence: No. 2731 W. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna May Reynolds,

6. DATE OF BIRTH (month, day, year) June 21. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Steel Car Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Reynolds,

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Cecelia R. Waidner.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Edna May Reynolds

(Address) 2731 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western cem Date Oct 14, 1933

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED OCT 19 1933 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 22 1933 19..

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1933 to Oct 22 1933

I last saw him alive on Oct 16, 1933. Death is said to have occurred on the date stated above, at 12 30 Am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Apr 20 1933

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) John A. Fretland M. D.

(Address) 1219 Eutaw Pl

Spec.—9 30—A. & Co—250 Blks.

E 94586 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 9√ E 94586

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 220 W. Hamburg St. 23-01 WARD)

2-FULL NAME Dolores Mildred Brown

(a) RESIDENCE NO. 220 W. Hamburg ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 13 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Ezekiel Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Kinston N.C.

12 MAIDEN NAME OF MOTHER Lillie Beardsley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant mother
(Address) 220 W. Hamburg St

15 Filed OCT 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) Oct. 20 33

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1933, to Oct 20, 1933
that I last saw h alive on Oct. 20, 1933
and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
following
Whooping Cough
(duration) yrs. mos. 5 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual signs

(Signed) D H Cassell M. D.

10/23 1933 (Address) 1120 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL 10 25 1933

20 UNDERTAKER Walter B Yopp

ADDRESS Hamburg

Spec.—2-29-28—L. F. S.—500 Bks.

94587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94587

46 ✓

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2327 Rosedale St. ST., 15-21 WARD)

2—FULL NAME Laura Virginia White

(a) RESIDENCE NO. 2327 Rosedale St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Alphonso A. White

DATE OF BIRTH (month, day, and year) Sept 6, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

10 NAME OF FATHER Goodrich

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Milburn

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Mrs. Edw. M. Duvall

(Address) 3404 Elsmont Pl.

15 Filed Oct 23, 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21, 1933

17 I HEREBY CERTIFY. That I attended deceased from April 6, 1933, to Oct 21, 1933, that I last saw h[illegible] alive on Sept. 21, 1933 and that death occurred, on the date stated above, at 3.20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum,
Senility, Cachexia

(duration) About 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Endocarditis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Pathological & Clinical

(Signed) O. Walter Baumer, M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 10-23 1933

20 UNDERTAKER Wm J. Tuckner & Sons.

ADDRESS North & Penna Ave.

M. D. B. 1268-9 E 94588 ✓ E 94588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Mary ave St. 37-21 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha R. Hollestch

(a) Residence: No. 4108 Mary ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Hollestch

6. DATE OF BIRTH (month, day, year) Nov. 29. 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME Joseph E. Dolan

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Annie Pyle

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md

17. INFORMANT Geo. W. Hollestch
(Address) 4108 Mary ave.

18. BURIAL, CREMATION, OR REMOVAL
Where Mt Lebanon Cemetery Date 10/25 1933

19. UNDERTAKER Mullikin Good & Co.
(Address) 217 S. Paca St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1933 to Oct. 22 1933

I last saw h.. alive on Oct. 21 1933 Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 15 1933
Other contributory causes of importance:	
Hx. Myocarditis	1930

Name of operation none Date of —

What test confirmed diagnosis? Symptoms & examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1063 N North ave.

M. D. Form 268-A

E 94589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Crest Rd. Mt Washington Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Capt. Mason W. Gourley

(a) Residence: No. 2227 Crest Rd Mt. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Annie E. Gourley

6. DATE OF BIRTH (month, day, year) Nov 15th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner & Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME James Gourley

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John T. Frantz (Address) 2227 Crest Rd (Mt Wash)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cemetery Date 10/24, 1933

19. UNDERTAKER Lemmon Cook (Address) 1245 E Lond St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from about 6 mo. 19..., to Oct 21, 1933. I last saw h... alive on Oct 21, 1933. Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular disease of heart	
Other contributory causes of importance: Aortic insufficiency	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) H. G. Prentiss M. D.
(Address) 634 Cathedral St

AACo. 5-11 2500

E 94590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94590

CERTIFICATE OF DEATH

137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Md
CITY OF BALTIMORE: (No. 2834 Maryland Ave St. 12-01 Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert J. Martin

(a) Residence: No. 2834 Maryland Ave St., ... Ward. .....
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Coleman Martin

6. DATE OF BIRTH (month, day, year) April 1-1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) Castle Hill
(State or country) Nelson Co. Virginia

13. NAME Nicholas Martin

14. BIRTHPLACE (city or town) Nelson Co. Virginia
(State or country)

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) Nelson Co. Virginia
(State or country)

17. INFORMANT Rose M. Cabell
(Address) 2834 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkersburg W.Va. Date Oct. 25. 1933

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1933 to Oct-22, 1933

I last saw him alive on Oct-22, 1933 death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia	10-21-33
Other contributory causes of importance: Prostate Enlargement	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel T. Cabell, M. D.

(Address) 3611 Eutaw Place

M. D. B. 1268-9

E 94591

94591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 E 31st St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Hill

(a) Residence: No. 2001 E 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Married

6. DATE OF BIRTH (month, day, year): Sept 15th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		35	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cecil Co

FATHER

13. NAME: Joseph C Hill

14. BIRTHPLACE (city or town) (State or country): Cecil Co

MOTHER

15. MAIDEN NAME: Ruth Anna Alexander

16. BIRTHPLACE (city or town) (State or country): Cecil Co

17. INFORMANT: Harry K Hill
(Address) 2001 E 31st St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Oct 24 1933

19. UNDERTAKER: George Schilling & Sons
(Address) 426 Cathedral St

Easton Maryland

Registrar.

FILED OCT 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933, to Oct 22 1933.

I last saw her alive on Oct 22 1933. Death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 33
Right Hemiplegia	

Other contributory causes of importance:

Mitral Aortic	Autumn
Insufficiency	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Harry K Hill, M. D.

(Address) 1100 E Northern

M. D. B. 1268-9

✓ E 94592

94592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2927 N. Charles St. St., 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Schorr

(a) Residence: No. 2927 N. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Betty Wagner Schorr

6. DATE OF BIRTH (month, day, year) Jan. 29th. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Schorr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Hammond

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Family Record

(Address) 2927 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Oct. 24th. 1933

19. UNDERTAKER Chas. S. Krause & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED Oct 23 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9. 1933 to Oct 20 1933

I last saw h[illegible] alive on Oct 20 1933. Death is said to have occurred on the date stated above, at 10[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	
Cerebral Abscess	
+ Pneumonia	

Other contributory causes of importance:

Coma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles L. Wells M. D.

(Address) 1-16 Park Terrace

M. D. B. 1268-9

E 94593

94593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4214 Ivanhoe ave St., 37-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth A. O'Connell

(a) Residence: No. 4805 York Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John J. O'Connell

6. DATE OF BIRTH (month, day, year) March 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James Murray

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edith Cumlander

(Address) 4214 Ivanhoe ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 24, 1933

19. UNDERTAKER John J. Ryan

(Address) 2000 E. Baltimore St.

20. FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1933, to Oct 22/33

I last saw h[illegible] alive on Oct 22/33, 19... Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Left Side	Thirty days
	May 1933

Other contributory causes of importance: Senile Stupor. Patient from Home Crest Nursing Home Paralysis

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—12-9-27—A Co.—200 Bks.

94594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 94594

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

City of BALTIMORE: (No. 949 Forest St. 10-01 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget Campbell Conroy

(a) RESIDENCE NO. 949 Forest St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 70 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Conroy

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE — Years: 71 | Months: — | Days: — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Ireland

(State or country)

10 NAME OF FATHER: Michael Campbell

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Conroy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: J. B. Saunders M.D.

(Address): 719 E. Preston St.

15 Filed: [illegible] Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 22nd 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1927, to October 22nd, 1933, that I last saw h.. alive on Oct 22nd, 1933, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 5 yrs. — mos. — ds.

Arterio Sclerosis

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. B. Saunders, M. D.

, 19 (Address) 719 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — Date of Burial: 10/25 1933

20 UNDERTAKER: Henry W. Myers — ADDRESS: 5005 N. Calvert

AaCo. 5-31 250B

E 94595

HEALTH DEPARTMENT—CITY OF BALTIMORE

94595

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Portugal Street St. 2-61 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 55 yrs. ... mos. ... ds.

2. FULL NAME Ignatius Buzgierski

(a) Residence: No. 1726 Portugal Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Buzgierski

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Buzgierski Wife

(Address) 1726 Portugal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Oct. 25 1933

19. UNDERTAKER John F. Wehrey

(Address) 1401 E. Chester St

20. FILED ... 19 ... Registrar.

31933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to Oct 22, 1933

I last saw him alive on Oct. 22, 1933. death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	10-19-33
Other contributory causes of importance Chronic nephritis	10-1-31.

Name of operation none Date of

What test confirmed diagnosis? P.S.E.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John V. Feustritz, M. D.

(Address) 1802 Eastern Ave.

M. D. B. 1265-9

E 94596

94596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4610 Garrison Blvd St. 5 Ward)

Length of residence in city or town where death occurred ... mos. ... ds. If not in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence R. Smith

(a) Residence: No. 4610 Garrison Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas E. Smith

6. DATE OF BIRTH (month, day, year): Oct 26 1879

7. AGE: Years 53 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Geo Rudolph

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Amelia Staas.

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Jas. E. Smith.

(Address) 4610 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cemetery Date: Oct 25 1933

19. UNDERTAKER: Harry M. Armacost & Son

(Address) 4201 Edmondson Ave Huntington Terrace Md

20. FILED Oct 25 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22nd to 1933

22. I HEREBY CERTIFY That I attended deceased from ... 19... to ... 19... Dressing. I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 2 yrs.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. Luck M. D.
Coroner

(Address)

4597 ✓ E. 94597

M. H. B. 268-a

27735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH + 46

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Hannan

(a) Residence: No. 1215 N St NW St., Washington D. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/15/71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 615

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Geo Hannan

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Ellen Waters

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Suitland Md. Date ..... 19....

19. UNDERTAKER Martin W Ingoldsby
(Address) 1600 N Howard St Baltimore Md

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1933 to Oct 21 1933

I last saw him alive on Oct 21 1933 Death is said to have occurred on the date stated above, at 7 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of large intestines with metastases to the peritoneum + liver	April '33.
Other contributory causes of importance: Fecal fistula + diffuse peritonitis	Oct 1 '33
Uremia	Oct 19, '33

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Josef J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

AdCo. 5-11 250B

E 94598

94598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 Pennsylvania Ave St., 20-01 Ward)

Length of residence in city or town where death occurred 83 yrs. 6 mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Rayeob

(a) Residence: No. 1938 Pennsylvania Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Barbara Rayeob

7. DATE OF BIRTH (month, day, year): Feb 17 1849

8. AGE — Years: 84 — Months: 8 — Days: 5 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Rayeob

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Louise Rousser

(Address): 1938 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cy Date: Oct 25 1933

19. UNDERTAKER: Los Sweeden & Son

(Address): 217 S Paca Ave Lexington Funeral Home

FILED: OCT 25 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 22, 1933

I last saw him alive on Oct 22 1933 death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year 1932
Other contributory causes of importance:	

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H E Jones, M. D.

(Address) 720 W North Ave

M. D. H. 1268-9

E 94599

HEALTH DEPARTMENT—CITY OF BALTIMORE

94599

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5700 Rusk Ave St., 27-91 Ward)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wellington Monroe Schmidt

(a) Residence: No. 5700 Rusk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie M. Schmidt

7. DATE OF BIRTH (month, day, year) Nov. 11, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Wm Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Mary ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Lillie M. Schmidt
(Address) 5700 Rusk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 25, 1933

19. UNDERTAKER Wm H. Sherwood & Son
(Address) Funeral Homes Washington Boulevard at Fremont Ave

FILED Oct 31 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Secondary to Arterio Sclerosis

Other contributory causes of importance: Diabetes

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 3632 Roland Ave

M. D. B. 1268-9

Dr Howard C. Silver ✓ E 94600

HEALTH DEPARTMENT—CITY OF BALTIMORE

94600

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 5 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doctor Howard C. Silver

(a) Residence: No. 3706 Liberty Heights Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White. | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of or WIFE of Mary McComas Silver

6. DATE OF BIRTH (month, day, year) Dec 16, 1861

7. AGE: Years 72 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Howard Silver

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Rebecca Corpsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. W Reid Hayden

(Address) 3706 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Cemetery Date Oct. 24 19 33

19. UNDERTAKER Theo G. Regardie & Co.

(Address) 422 N. Eutaw St. Baltimore, Md.

FILED 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1933 to Oct. 22, 1933

I last saw him alive on Oct 22, 1933 Death is said to have occurred on the date stated above, at 7.40 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis. — Date of onset .....

Other contributory causes of importance:

Angina Pectoris; Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David H. Andrew M. D.

(Address) Church Home & Infirmary

360 E 94601

M. D. B. 1268-9

n. Surg.

E 94601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-01 St., Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Rolf

(a) Residence: No. Middletown, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 6, 1929

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	3	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Rolf

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Fannie Buzzard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Md Date Oct 25, 1933

19. UNDERTAKER [illegible]

(Address) Middletown Md

20. FILED Oct 25 1933, 19 Rife Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1933 to Oct. 23, 1933

I last saw him alive on Oct. 23, 1933 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumors, multiple Malignant	January 1933

Other contributory causes of importance:

Name of operation Craniotomy Date of May '33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1934 E 94602

E 94602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd Street St. 43-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Edward Oliver

(a) Residence: No. 1386 W. North Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6th, 1933.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Harry Oliver

14. BIRTHPLACE (city or town) (State or country) Hartford County

MOTHER

15. MAIDEN NAME Katherine Martin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mother
(Address) 1386 W. North Ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct. 24, 1933

19. UNDERTAKER Martin Tabor & Sons
(Address) 1337 W. North Ave.

20. FILED ..... 19..... Registrar.

24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 17th, 1933 to October 22nd, 1933.

I last saw h.i.m. alive on October 22nd, 1933. Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	10-19-33
Intestinal Obstruction	"

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Richard Hance M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-A

E 94603

E 94603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH The Washington Apt

CITY OF BALTIMORE: (No. Charles & 11th Vernon Place 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Gilbert Jewett

(a) Residence: No. The Washington Apt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~ Widowed, or ~~Divorced~~ (write the word)
Fem.	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Late George L. Jewett

6. DATE OF BIRTH (month, day, year) Sept 2nd 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME ? Gilbert

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs S. M. Watson

(Address) Hastings Apt

18. BURIAL, CREMATION, OR REMOVAL

Place Boston Mass Date Oct 24th 1933

19. UNDERTAKER H. Jenkins Sons & Co

(Address) Charles St. & Preston

Huntington Alabama

20. FILED Oct 25 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from 1928 to 10-22 1933.

I last saw her alive on 10-22 1933. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
MYOCARDIOS INSUFFIC.	1932

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 1129 St Paul St.

H. D. B. 1268-2

E 94604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94604

CERTIFICATE OF DEATH

Registered No. V 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 11 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Howard Eckert

(a) Residence: No. 1805 E. Federal Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary J. Borchers Eckert

DATE OF BIRTH (month, day, year) Sept. 22, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Eckert

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT George H. Eckert Jr.

(Address) 1805 E Federal Street.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Com. Date Oct. 25, 19[illegible]

UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

Toxemia- Carcinoma of larnyx — Date of onset

Other contributory causes of importance:

Name of operation Tracheotomy Date of 10/21/3

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.

(Address) 508 E 10th Ave Coroner

M. D. H. 1268-9 E 94605 E 94605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Sayers

(a) Residence: No. New York Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) NY

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT ... (Address)

18. BURIAL, CREMATION, OR REMOVAL Place National Date Oct 24, 1933

19. UNDERTAKER Perry & Wiske (Address) 711 Edmondson Ave.

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? Unattended (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Jumped or fell

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

Spec.—9-30—A. & Co.—250 Blks

E 94606 Stephronia Lepper E 94606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 25-01 ST. Provident Hospital WARD)

2 FULL NAME Stephronia Lepper

(a) RESIDENCE NO. 3807 Fairfield Rd ST. ..... WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred Sept mos. How long in U. S., if of foreign birth? 27 yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE Negro 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 1919

7 AGE Years 14 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

10 NAME OF FATHER O. M. Reyes

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Bertha Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Earlie Lepper (Address) 3307 Fairfield Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-22-1933

17 I HEREBY CERTIFY, That I attended deceased from 10-18-33, 19 ... to 10-22-33, 19 ... that I last saw h.. alive on 10-22-33, 19 ... and that death occurred, on the date stated above, at 1:00 A.M.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(duration) yrs. mos. dys.

CONTRIBUTORY (Secondary) (duration) yrs. mos. dys.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) William Pearl Exter M. D.

19 (Address) President Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery — DATE OF BURIAL Oct 26 1933

20 UNDERTAKER Robert V. Millican — ADDRESS 1615 McElderry St

Oct 27 1933

E 94607

M. D. B. 1268-9

E 94607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 867 W. Lexington St. 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl McKee

(a) Residence: No. 867 W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 17, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 7 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

13. NAME Lawrence Ashford

14. BIRTHPLACE (city or town) (State or country) Winsboro, S.C.

FATHER

15. MAIDEN NAME Naomi McKee

16. BIRTHPLACE (city or town) (State or country) Lumberton, N.C.

17. INFORMANT Naomi McKee
(Address) 867 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER DESTROYED BY BURNING
(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1933, 12:40 AM. to Oct. 17, 1933, 12:47 AM.
I last saw her alive on Oct. 17, 1933. Death is said to have occurred on the date stated above, at 12:47 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Achondroplastic Dwarfism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. W. Dunbar M. D.

(Address) University Hospital

M. D. B. 1268-9

E 94608 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 94608

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 W. Lexington St., 19-21 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Hassan

(a) Residence: No. 1312 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Hassan

DATE OF BIRTH (month, day, year) October 13, 1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	-	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 025

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Brunswick Md.

13. NAME Thomas V. Hassan

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Catherine C. Busch

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Mr. Charles F. Kothe
(Address) 1312 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Oct. 25, 1933

19. UNDERTAKER Chas. H. Koch
(Address) 1003 W. Baltimore St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-21, 1933 to Oct-22, 1933

I last saw him alive on Oct-22, 1933. Death is said to have occurred on the date stated above, at 8.20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia-Cardiac Insufficiency	
Cerebro. + Hypertrophy Prostate	10 yrs.
Chronic nephritis	

Other contributory causes of importance:

Coronary thrombosis
Accidental

Name of operation ... Date of ...

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John T. Shaw M. D.

(Address) 804 Cathedral St.

M. D. B. 1268-9 E 94609 E 94609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

277980 Red. 7-01 V T 172-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Ackenning Md.

(a) Residence: No. Hanberg Ave Essex Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Child

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 29, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Henry Ackenning

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anna Pietrusk

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date 10/24 19—

19. UNDERTAKER Lohr & Connelly
(Address) 6224 Dist.

20. FILED 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Oct 22 1933

I last saw h[illegible] alive on Oct 22 1933 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - undetermined etiology	2 days
Pyelitis	2 days
Intestinal obstruction	

Other contributory causes of importance:

Pneumatosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mayer S Heslit M. D.

(Address) Johns Hopkins Hospital

E 94610

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94610

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leah Goldberg

(a) Residence: No. 1620 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Goldberg

DATE OF BIRTH (month, day, year) 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan Lewis

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Goldberg
(Address) 1620 N. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Brotherly Love Date Oct 24, 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23/33 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chr. Nephritis	?
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 508 E North ave

Spec.—1-12-23—M&T—500 Bks.

E 94611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Pamit ST. 16-01 WARD)

2-FULL NAME Raymond Brice

(a) RESIDENCE NO. 1127 Pamit ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7 DATE OF BIRTH (month, day, and year) ? 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bessie Robinson

(Address) 1125 Pamit

15 Filed 10/24/1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Oct 22 1933

that I last saw h[illegible] alive on Oct 22 1933

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos 22 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

10/25/1933 (Address) Dr 5 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL 10/25/1933

20 UNDERTAKER Mrs. Lizzie H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

E 94612 E 94612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Druid Hill Ave STR. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anthony Fidelis Lee

(a) RESIDENCE No. 1719 Druid Hill Ave STR. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Sarah Lee

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Anthony Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sally Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Sarah Lee 1719 Druid Hill Ave

15 Filed 10/24/33 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22/33

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933, to Oct 22, 1933, that I last saw h[illegible] alive on Oct 21, 1933, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Williams Lee M. D.

10/22, 1933 (Address) 1928 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Hollywood Md

DATE OF BURIAL 10/24/1933

20 UNDERTAKER: Mrs. George H. Holland

ADDRESS 1631 Druid Hill Ave

M. D. R. 1268-9 E 94613 Stanley E 94613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hosp St., 17-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Stanley

(a) Residence: No. 715 Bradley St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Negro	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Cora Stanley

6. DATE OF BIRTH (month, day, year) March 12 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick md.

13. NAME Stanley.

14. BIRTHPLACE (city or town) Frederick md.
(State or country)

15. MAIDEN NAME Eleanor Jones.

16. BIRTHPLACE (city or town) Frederick md
(State or country)

17. INFORMANT Cora Stanley
(Address) 715 Bradley St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 10/24/1932

19. UNDERTAKER Mrs. Geo. H. Bollard
(Address) 763 Druid Hill Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/11/32, 19..., to 10/20, 1932

I last saw h, alive on 10/20, 1932. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 15 Mos

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. R. Baum M. D.

(Address) Balto md

Spec.—8-16-29—L. F. 1[illegible]

E 94614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. E 94614

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Providence ST. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Talbot Smith

(a) RESIDENCE NO. 1015 Providence ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda

DATE OF BIRTH (month, day, and year) Jan 30-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter Oil Co

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER M. Kent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mary Peters

(Address) 1015 Providence

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/23/33

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to Oct 23, 1933, that I last saw him alive on Oct 21, 1933 and that death occurred, on the date stated above, at 430A m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) 3 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard, M. D.

10/24 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 10/25/1933

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill

Spec.—9-30—A. & Co.—250 M.

E 94615

E 94615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Druid Hill Ave ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Logan

(a) RESIDENCE NO. 1622 Druid Hill Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Sallie Logan

6 DATE OF BIRTH (month, day, and year): Nov. 30-186[illegible]

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dealer in Furniture

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Sallie Logan
(Address) 1622 Druid Hill Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 21 1933

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1933, to Oct. 21, 1933

that I last saw h[illegible] alive on Oct 20, 1933

and that death occurred, on the date stated above, at 1:30 a m.

The CAUSE OF DEATH* was as follows:

Auto Trauma
a Work

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hepatic Carcinoma about

(duration) yrs. 3 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) John A. Tompkins M. D.

10/24/33 (Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL 10/24/1933

20 UNDERTAKER: Mrs. George H. Holland — ADDRESS 1631 Druid Hill Ave

M. D. B. 1268 E 94616 E 94616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 W. Camden St. 22-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth 70 yrs. mos. da.

2. FULL NAME John Louiza

(a) Residence: No. 419 W. Camden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married Elizabeth Louiza

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER'S FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Elizabeth Louiza
(Address) 419 W. Camden St Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 25, 1933

19. UNDERTAKER John Grelliauskas
(Address) 423 S. Paca St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-24-32, 1933, to 10-23-, 1933.

I last saw h.l.m. alive on 10-23-, 1933 Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Valvular Disease (aortic insuff. & stenosis; mitral insufficiency & stenosis, Auricular fibrillation)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. No. E 94617 Amanda Frost E 94617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Frost

(a) Residence: No. 1015 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Frost (Dead)

6. DATE OF BIRTH (month, day, year) Sept 22, - ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	39	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

13. NAME Wm Harrod

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

15. MAIDEN NAME Mary Blake

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Pastime Angel Calvert Co Md Date Oct. 25, 1933

19. UNDERTAKER Mrs Katie G. Williams (Address) 332 N. Schroeder St.

20. FILED OCT 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1933 to Oct. 21, 1933

I last saw h alive on Oct. 21, 1933 Death is said to have occurred on the date stated above, at 8-05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1 Day
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magruder M. D.

(Address) Balt. City Hosp.

M. D. B. 126 E 94618

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94618

CERTIFICATE OF DEATH

22

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Henson

(a) Residence: No. 1705 Baker St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Henson

6. DATE OF BIRTH (month, day, year) Sept 28/99

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster, Co Va

MOTHER FATHER

13. NAME Frank Henson

14. BIRTHPLACE (city or town) (State or country) Lancaster, Co Va

15. MAIDEN NAME Julia Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louise Henson

(Address) 1705 Baker st

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date October 24, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder st. Huntington, Williams, W. Va.

20. FILED Oct. 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Tetanus Poisoning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Nesgrove M. D.

Coroner

(Address) 1305 N. Valley St

E 94619 ✓ E 94619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1[illegible] Light St. ST. (or W.) 23-01 WARD)

2 FULL NAME John Siegmeier.

(a) RESIDENCE NO 1[illegible] Light ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced. (Write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie L. Lose

6 DATE OF BIRTH (month, day, and year) 12/20/79.

7 AGE Years 53 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sailor 08

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant (Address) [illegible] 1[illegible] Light St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/33

17

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to Oct 21, 1933

that I last saw him alive on Oct 21, 1933

and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

Mitral Incompetency

(duration) 3 yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) Gout

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination and Blood Test

(Signed) [illegible] Brady Klein M. D.

ID [illegible] 1318 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 10/24 1933

20 UNDERTAKER J. J. Flaherty Son

ADDRESS 1318 Light St

OCT 24 1933 Huntingtop Williamsport Md

A4Co. 5-31 250M E 94620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94620

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Carlton Ave St., 25th Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Margaret E. Stevens

(a) Residence: No. 2421 Carlton Ave St., 25th Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If married, widowed, or divorced ~~MARRIED~~ (or) WIFE of the late John W. Stevens

DATE OF BIRTH (month, day, year) Sept 23, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - 037
10. Date deceased last worked at this occupation (month and year) -
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Brooklyn A A Co Md.
13. NAME George Riley.
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mary J. Jones.
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Mrs C. A. Bolsmann
(Address) 2421 Carlton Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Ind. Christ Cem. Date Oct. 25. 1933
19. UNDERTAKER Lazear Syfer
(Address) 1601 Hollins Ferry Rd
Huntingtown Williams, Nos
20. FILED Registrar.

271505

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933 to Oct 22, 1933
I last saw her alive on Oct 22, 1933 death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy. — Date of onset 10/20/33

Other contributory causes of importance: Arterial Hypertension ? ?

Name of operation None Date of -
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Wheeler M. D.
(Address) 2910 Hollins Ferry Rd

M. D. B. 1268-9 E 94621 ✓ E 94621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH— Md Gen'l Hospital 20-01 Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Chas R. Stigler.

(a) Residence: No. 2125 W. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

6. If married, widowed or divorced HUSBAND of (or) WIFE of Annie E Stigler

7. DATE OF BIRTH (month, day, year) Oct 6 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Stigler

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Thomey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs E Virginia Stigler

(Address) 2125 W Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 10/24 1933

19. UNDERTAKER Joseph Kreig

(Address) Fulton & Lafayette

[illegible] Huntington Williams, M.D.
Registrar.

T 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/21/33 19..... to 10/23/33 19.....

I last saw h.. alive on 10/23/33 19..... Death is said to have occurred on the date stated above, at 12 20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Liver - Primary ?	

Other contributory causes of importance: myocardial insufficiency.

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H E Prodor M. D.

(Address) Md Gen. Hospital.

M. D. P. 12[illegible] E 94622 ✓ E 94622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mr. Edward White

(a) Residence: No. 416 W 23rd St St., ... Ward. 28 A.W.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

PERSONAL PARTICULARS

13. NAME Edw White

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie Cadey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary A Mayberry
(Address) 418 W 23rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 10/26 1933

19. UNDERTAKER Geo A Tardy
(Address) Fulton & Pine Sts

20. FILED 10/24 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-20-33, 19 33 to 10-22-33, 19 .....
I last saw h. alive on Oct. 22, 19 33. Death is said to have occurred on the date stated above, at 11.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	—

Other contributory causes of importance:
Terminal broncho-pneumonia

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl G Merkel M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

94623

Branch

✓ E 94623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 N. Kenwood Ave St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Sullens

(a) Residence: No. 736 N. Kenwood Ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of child

7. DATE OF BIRTH (month, day, year) Nov 22 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Clarence H Sullens

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rose Menikheim

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clarence H Sullens (Father)
(Address) 736 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date Oct 19 1933

19. UNDERTAKER Lilly & Zuiler & Co
(Address) 403 W Lafayette St
Washington Williams, N.C.

Registrar.

FILED
OCT 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1933, to Oct 23 1933

I last saw h.im alive on Oct 23 1933 Death is said to have occurred on the date stated above, at 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

Sepsis Pneumonia — Date of onset Oct 9 33

Other contributory causes of importance:

Acute Cardiac dilatation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William [illegible] M. D.

(Address) 601 N Kenwood

M. D. B. 1268-9

E 94624

HEALTH DEPARTMENT—CITY OF BALTIMORE

94624

CERTIFICATE OF DEATH

87-dbl Heller

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335 Eastern Ave. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Fries.

(a) Residence: No. 2335 Eastern Ave. St., 1 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Robert Fries.

6. DATE OF BIRTH (month, day, year) Oct. 24 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74 73	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house wife 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME George Sutter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Umbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George Riebel (daughter)

(Address) 2335 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemt. Date Oct 25 19 33

19. UNDERTAKER Lilly + Zeiler Succ'r.

(Address) 442 W. Saratoga St.

Filed Oct 24 1933 Wilbur E. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11 1933 to Oct 21 1933

I last saw h.. alive on Oct 21 1933 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Sclerosis	1
Cerebral apoplexy	9-2-33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

M. D. B. 1268-9

Lipse Hoff. 2230 E 94625

HEALTH DEPARTMENT—CITY OF BALTIMORE

4625

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Eutaw Place St., 23-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Lipse Hoff

(a) Residence: No. 2223 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Abram Hoff

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or ....min.
	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Moses Katz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fruma

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Hoff

(Address) 2223 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Date 10-24-33 19

Place Harry Herr

19. UNDERTAKER E. Lloyd Lee

(Address) 1439 E. Baltimore St.

Filed 19 Registrar.

241933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 19 31 to Oct. 23 19 33 I last saw h[illegible] alive on Oct. 23 19 33 Death is said to have occurred on the date stated above, at 9 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
Chronic nephritis	1931
arteriosclerosis	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. G. Mendelson M. D.

(Address) 2230 Eutaw Pl.

pec.—1-12-23—MKT—500 Blks.

94626 HEALTH DEPARTMENT—CITY OF BALTIMORE E 94626

CERTIFICATE OF DEATH.

87-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Grindalls ~~St.~~ 25-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Bigdon

(a) RESIDENCE NO. 1926 Grindalls St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Bigdon

DATE OF BIRTH (month, day, and year) July 2. 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 31

(b) General nature of industry, business, or establishment in which employed (or employer) Retail

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Robert Bigdon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Rescide

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Estelle Paris

(Address) 1926 Grindalls Ave Huntington Village Md

Filed Oct 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1933

17 I HEREBY CERTIFY, That I attended deceased from July, 1933, to Oct 22, 1933,

that I last saw him alive on Oct 19, 1933,

and that death occurred, on the date stated above, at 10 45 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis agitans

(duration) 7 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Paralysis of heart.

(duration) — yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Immediately and Symptoms.

(Signed) Wm. Adams, M. D.

Oct 22 1933 (Address) 2708 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 10/25/33

UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Edmondson

H. D. B. 1268-9

Cimino ✓ E 94627

94627 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-001

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph (Joe) Cimino

(a) Residence: No. 1st York City St., (?) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 25, 1933

UNDERTAKER
Address

FILED 1933 3016
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lingua Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Peters, M. D.
Coroner
(Address) 2159 Eastern Ave

THE NORBUR PRESS

Spec.—9-30—A. & Co.—250 Bks.

E 94628

94628 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 159

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Provident Hosp St 14-01 WARD)

2-FULL NAME Baby Fuller

(a) RESIDENCE NO. Howard County Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 7-25-33

AGE: Years ..... Months ..... Days 2 25

If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baeto
(State or country) Md

10 NAME OF FATHER William Fuller

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Powell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

Informant Mrs. Mrs. Powell
(Address) Howard County Md.

OCT 24 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-22-33

17

I HEREBY CERTIFY, That I attended deceased from 7-25, 1933 to 10-22, 1933

that I last saw h alive on 10-22, 1933

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Premature

Not in Utero (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fever

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Stu Compta M. D.

19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Oct 24 1933

20 UNDERTAKER

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

city ✓ E 94629

94629 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No Provident Hospital St 14-01 WARD)

2-FULL NAME Baby Floyd

(a) RESIDENCE No. 1833 Division St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Si

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 10-14-33

AGE: Years | Months | Days: 3 4 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Edward Floyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nubra Weeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Nubra Weeks

(Address) 1833 Division St

Filed ..... 19..... Registrar

1933 0911

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15-33

17 I HEREBY CERTIFY, That I attended deceased from 10-14 1933 to 10-15 1933

that I last saw h alive on 10-15 1933

and that death occurred, on the date stated above, at 11 AM m.

The CAUSE OF DEATH* was as follows:

Premature (6 mo)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. LeCompte M. D.

19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Universal of Md

DATE OF BURIAL Oct 27 1933

20 UNDERTAKER

ADDRESS

M. D. P. 1268-9

E 94630

4630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No. .....

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Fred Sarbacher

(a) Residence: No. 2002 Ramsey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Magdalena Sarbacher

DATE OF BIRTH (month, day, year) October 21-1868

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Sarbacher

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Christina Lange

16. BIRTHPLACE (city or town) (State or country) Holland

INFORMANT Mr Fred Sarbacher

(Address) 2002 Ramsey St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct. 26 1933

UNDERTAKER George F. Schwaab

(Address) 2101 Pennsylvania Ave.

FILED 1933 Washington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23 1933

22. I HEREBY CERTIFY, That I attended deceased from October 5 1933 to October 23 1933.

I last saw ~~him~~ alive on 10/21/33 1933 Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

Sub-acute Bacterial Endocarditis — Date of onset

Other contributory causes of importance:

Terminal Pulmonary edema.

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Dunacan, M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

E 94631

94631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bello city Hospital St., Ward)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theodore Smith

(a) Residence: No. 774 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bello city Hospital Md.

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Bello Md.

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Bello Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Oct 24 19 33

Place Universal of Md

19. UNDERTAKER

(Address)

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1933 to 10/19, 1933

I last saw him alive on 10/19, 1933 Death is said to have occurred on the date stated above, at 11:20 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix with generalized peritonitis.	11 days
Other contributory causes of importance: Lobar pneumonia	6 days

Name of operation appendectomy Date of 10/11/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Bourne M. D.

(Address) Bello city Hosp

D. B. 1268-9

E 94632

94632 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4701 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Holland

(a) Residence: No. 4701 Eutaw St. Baltimore, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Holland

6. DATE OF BIRTH (month, day, year) Aug 7-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME of Father Holland

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Nora Norris

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Anna Holland

(Address) 4701 Eutaw St.

BURIAL, CREMATION, OR REMOVAL

Place Granite Md Date 10/25 1933

UNDERTAKER Adolphus Halstead

(Address) 2 Wellington Ave Glenville, W. Va. Huntington Portsmouth, O.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

M. D. B. 1268-9

E 94633

HEALTH DEPARTMENT—CITY OF BALTIMORE

94633

181

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Thirty third St., 3 Ward)

Length of residence in city or town where death occurred ..yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby Michael Gladstone

(a) Residence: No. 7312 Old Harford Road St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 12, 1982.

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
1	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Fred. Gladstone

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Simpson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Catherine Gladstone
(Address) 7312 Old Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 26 1933

19. UNDERTAKER Greer & Simpson
(Address) 466 Park Ave. Baltimore, Md.

Interior Filing Room

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1933 to October 24, 1933

I last saw h.. alive on October 24, 1933 Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Superficial burns (scald) (Second degree)	10-21-33
Acidosis	10-23
Acute hemorrhagic nephritis	10-23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify .....

(Signed) Richard France, M. D.

(Address) Union Memorial Hosp.

E 94634

E 94634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Cecil Ave., 9-A Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Matthews

(a) Residence: No. 2026 Cecil Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) About 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Foreman 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poole Eng & Machine Co

10. Date deceased last worked at this occupation (month and year) Nov 1929

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Philip A. Turner

(Address) 2026 Cecil Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 26, 1933

UNDERTAKER Wm Cook

(Address) 1217 E Paul St

FILED Oct 25 1933 Huntington W. Brownley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933, to Oct. 23, 1933

I last saw h alive on Oct 23, 1933 Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Yrs

Other contributory causes of importance:

Arteriosclerosis, High blood pressure

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw. J. Zimmerman M. D.

(Address) 838 Maryland Ave

D. B. 1268-9

E 94635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E94635

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St. 17-61 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Lanier

(a) Residence: No. 922 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Henry Cook

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Henry Cook

(Address) 804 Bissell St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 10-25 1933

UNDERTAKER Samuel Cooper

(Address) 1 Huntington Ave

Filed OCT 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h alive on Oct 19 1933 Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Fell on stove

Caught fire

2nd Degree burns

Other contributory causes of importance:

Date of onset: Clothes

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Luke Cooper M. D.

(Address) Coroner

M. D. B. 1268-a. E 94636 Chas. E Stewart E 94636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 W. Lexington St., 18-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas. Edward Stewart

(a) Residence: No. 508 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Shoots

6. DATE OF BIRTH (month, day, year) March 1876.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39 -	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Annapolis (State or country) Md.

13. NAME Annie Stewart

14. BIRTHPLACE (city or town) Annapolis (State or country) Md.

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) Annapolis (State or country) Md.

17. INFORMANT Harrison Stewart
(Address) 508 Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 10-25 1923

19. UNDERTAKER Dove Easton
(Address) 216 [illegible]

20. FILED 10-25 1923 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-23

22. I HEREBY CERTIFY, That I attended deceased from 10-9-23, 19..., to 10-24-23

I last saw h... alive on 10-24-23 Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the throat	1923

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) A. Lee [illegible] M. D.

(Address) 527 Madison

E 94637

D. B. 1268-9

E 94637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., 23-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. Costorp

(a) Residence: No. 131 W Hamburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1888

AGE: Years 43 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country)

13. NAME Nuky

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Ada Pursell

(Address) 212 Oak St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10/25 ..., 1933

UNDERTAKER Wells & Pyle

(Address) 39 W Hamburg St

Filed ..... 19..... Registrar.

OCT 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....

I last saw h... alive on ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
	3 Days

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address)

E 94638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Harford Ave. St. 9-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Millard F. Humphreys

(a) Residence: No. 2036 Harford Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of / HUSBAND of: Christina Humphreys

DATE OF BIRTH (month, day, year): Oct. 8, 1855.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78		14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Smoked Fish

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Millard F. Humphreys Jr.

(Address): 106 W. Celment St.

BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem. Date: Oct. 25, 1933

UNDERTAKER: Wm. C. Black

(Address): 927 N. Broadway

FILED [illegible] Registrar.

92130

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1933 to 10/22, 1933

I last saw him alive on 10/2, 1933. Death is said to have occurred on the date stated above, at 9.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Coronary) Arterio Sclerosis, Hypertension, Cardiac Decompensation	2
Other contributory causes of importance: Uremia, Pertonitis, Cardiac failure	10/15/33

Name of operation: Date of 10/22/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry A. Rutledge, M. D.

(Address) 1622 E Baltimore

E 94639

Spec.—1-10-21—M&T—3200 Bks.

E 94639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Edmondson St. 16-01 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Berger

(a) RESIDENCE NO. 1306 Edmondson Av ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): July 19-1868

7 AGE — Years: 65 — Months: 3 6 — Days: — If LESS than 1 day hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Lace Curtain Repairer

(b) General nature of industry, business, or establishment in which employed (or employer): ✓ 086

(c) Name of employer: Premier Cleaning

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: August Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Louis Berger (Address) 1306 Edmondson Av

15 Died ..... 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24- 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Oct 24, 1933, that I last saw h-er alive on Oct. 24, 1933, and that death occurred, on the date stated above, at 10,20 AM.

The CAUSE OF DEATH* was as follows: Para-typhoid, B.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Blood Exp. Labora

(Signed) W. S. Love, M. D.

, 19 (Address) 2211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: 10/26 1933

20 UNDERTAKER: Wm Chas A G Rohde — ADDRESS: 2327 Edmondson Ave

OCT 25

E 94640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

E 94640

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 E 20th 1/2 St 12 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George R. Smith

(a) Residence: No. 209 E 20th 1/2 St, ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfaretta Smith

DATE OF BIRTH (month, day, year): June 19, 1867.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	4	3 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

13. NAME of Father: Henry Smith

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

15. MAIDEN NAME of Mother: Hart

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Alfaretta Smith

(Address) 209 E. 20½ St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. Date 10/25 1933

19. UNDERTAKER: Samuel T. Kemp Co.

(Address) 578 N. Biddle St.

20. Filed OCT 25 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1933, to Oct 23 1933

I last saw h... alive on Oct 23 1933. Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	2nd Sept.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Garland Ahrensfeld M. D.

(Address) 1534 Druid Hill Ave

M. D. B. 1268-9

E 94641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 8-a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl McNeal

(a) Residence: No. 2117 E Hatton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	✓

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct. 23/33.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 000

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME Howard Albert McNeal

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Gertrude Burnham

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md

17. INFORMANT Howard Albert McNeal
(Address) 2117 E. Hatton Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Oct 25 1933

19. UNDERTAKER Riley Burns Sons
(Address) Washington Boulevard & Fremont Ave

OCT 25 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1933 to October 24, 1933

I last saw her alive on October 24, 1933 Death is said to have occurred on the date stated above, at 5.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (1½ months)	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wagenseller M. D.

(Address) St. Josephs Hospital

E 94642

C. D. B. 1268

94642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kenneth Glassmeyer

(a) Residence: No. 3115 Lawnview Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1913

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 10-16-33

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Clarence Glassmeyer.

14. BIRTHPLACE (city or town) (State or country) York, Pa.

15. MAIDEN NAME Blanch Goodling

16. BIRTHPLACE (city or town) (State or country) Mansfield, Pa.

INFORMANT Clarence Glassmeyer

(Address) 3115 Lawnview

BURIAL, CREMATION, OR REMOVAL.

Place Balto. Cem. Date Oct. 26 1933

UNDERTAKER Lee. Has a son

(Address) 156 St. Lawrence Ave

Filed ... 19 ... Registrar.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-18 1933, to 10-23 1933

I last saw him alive on 10-23- 1933 Death is said to have occurred on the date stated above, at 2:00 Am.

The principal cause of death and related causes of importance were as follows:

acute appendicitis — Date of onset 10-18-33

Other contributory causes of importance:

Peritonitis 10-18-33

Name of operation Appendectomy & Drainage Date of 10-19-33

What test confirmed diagnosis? Gangrene Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vernon H. Norwood M. D.

(Address) Church Home & Infirmary

H. D. B. 1268-9 E 94643 E 94643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S Highland Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John C Stump

(a) Residence: No. 15 S Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed or divorced HUSBAND of (or) WIFE of Alice Stump.

DATE OF BIRTH (month, day, year) Oct 24, 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	—	31	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Planing Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 4 6

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Carrollton Stump

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Lost Town

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Mrs Mamie Mayfield

(Address) 15 S Highland

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 26 [illegible]

UNDERTAKER John Lucas

(Address) [illegible]

FILED OCT 25 1933 Huntingtown Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1933, to Oct 24, 1933

I last saw him alive on Oct 24 1933 Death is said to have occurred on the date stated above, at 12 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction.	
Uremia.	

Other contributory causes of importance:

Arteriosclerosis.	

Name of operation Nil Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 301 Edmondson Ave.

M. D. B. 1868-9 E 94644 Hartmans E 94644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: John Hartmon Jr

(a) Residence: No. 514 S. Mo[illegible] St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice Hartmon

DATE OF BIRTH (month, day, year): June 30, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? G15
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Hartmon Sr
14. BIRTHPLACE (city or town) (State or country): Baltimore
15. MAIDEN NAME: Susanna Leonard
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Sacred Heart Date: Oct 26, 193[illegible]

19. UNDERTAKER: John McGrath's Sons
(Address): [illegible]

20. FILED: [illegible] Livingston Williams [illegible]

OCT 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 23, 1933

I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1933 to Oct 23, 1933 and last saw him alive on Oct 22, 1933. Death is said to have occurred on the date stated above, 4:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Hemorrhage	1 mo.

Other contributory causes of importance: Pulmonary embolism

Name of operation: Hemorrhage Date of: 10/19/33

What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, ...

(Signed) H. B. Brown M. D.
(Address) [illegible] City Hosp.

H. D. B. 1268-9 E 94645

E 94645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Jefferson St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie E. Schaefer

(a) Residence: No. 2605 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Chas H Schaefer

DATE OF BIRTH (month, day, year) Apr 22 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frdk W Lilly

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa Rater

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Chas H Schaefer

(Address) 2605 Jefferson

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 25 1933

UNDERTAKER John Lilleston

(Address) Cor E Preston

FILED Oct 25 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to Oct 22 1933

I last saw ... alive on Oct 20 1933 Death is said to have occurred on the date stated above at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	Oct 4 '33
Broncho-Pneumonia	

Other contributory causes of importance:

Influenza	Oct 2 '33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L H Meyer M. D.

(Address) 1502 E. Baltimore

Spec.—1-12-23—M&T—500 Blks. E 94646 E 94646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Presstman St. 15-01 WARD)

2-FULL NAME Matilda Parker

(a) RESIDENCE No. 1330 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ruben T. Parker Sr

DATE OF BIRTH (month, day, and year) 5-31-54

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		21	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Northumberland Co, Va

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Marian Ann Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Ruben T. Parker Jr. (Son) 1315 Presstman St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-22-1933

17 I HEREBY CERTIFY, That I attended deceased from 12-10-, 1932, to 10-22-, 1933, that I last saw h[er] alive on 10-20-1933, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

History Personal (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C Page M. D.

, 19 (Address) 1516 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northumberland Co Va

DATE OF BURIAL Oct 25 1933

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Presstman st

D. B. 1268-9

E 94647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94647

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 N. Chapel St., 8-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dewey Ford

(a) Residence: No. 1317 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella Ford

DATE OF BIRTH (month, day, year) Dec 17/1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Crew, Va.

13. NAME Thomas Ford

14. BIRTHPLACE (city or town) (State or country) Crew. Va

15. MAIDEN NAME Jennie Folks

16. BIRTHPLACE (city or town) (State or country) Crew, Va.

INFORMANT Estella Ford

(Address) 1317 N. Chapel St

BURIAL, CREMATION, OR REMOVAL

Crew Nottaway Co. Va. Date Oct 25 1933

UNDERTAKER Mrs R. A. Elliott

(Address) 1129 E. Fayette St

PLACE Huntington Williamson W. Va.

OCT 25

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Odema & Congestion of lungs	
Other contributory causes of importance:	
Myocardial Insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. L. Howe, M. D.
Coroner

(Address) 508 E Fronk Ave

M. D. B. 1268-9

E 94648

E 94648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Friedman

(a) Residence: No. 3722 Bowman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Samuel Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Goldman

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Date 10/25/33 19

UNDERTAKER Levi Lewis Inc.

(Address) 1739 E. Baltimore St.

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/33, 19

22. I HEREBY CERTIFY, That I attended deceased from October 22, 19 33 to Oct 24, 19

I last saw h[illegible] alive on Oct 22, 19 33. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/22/33

Other contributory causes of importance:

Chronic Cor. Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Layman M. D.

(Address) [illegible]

25 1933

D. B. 12[illegible] E 94649

E 94649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Henry Bradley

(a) Residence: No. 1630 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fanny Bradley

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co
(State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) Harford Co
(State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Harford Co
(State or country) Md

17. INFORMANT Fannie Bradley
(Address) 1212 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Oct 24 1933

19. UNDERTAKER Elroy O Wilson
(Address) 1001 Bradley Ave.

20. FILED Oct 25 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h[illegible] alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autop Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Howard Mc Coroner, M. D.

(Address) 305 N Patterson Park Ave

M. D. H. 42684 E 94650 E 94650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 15 St. Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Schomer

(a) Residence: No. 635 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 10/25/33 19...

UNDERTAKER Philip Henrich Sons

(Address) 206 Cortland St

FILED 10/25/1933 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1933 to Oct. 21 1933

I last saw him alive on Oct. 21 1933 Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hosp.

H. D. B. 1268

E 94651

E 94651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 E. Hoffman St., 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Chas. L. Heiss

(a) Residence: No. 2204 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Margaret Heiss

DATE OF BIRTH (month, day, year) Dec. 22/1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Martin Heiss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Twellack

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillian M. Heiss

(Address) 2204 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 9/26/33 19

19. UNDERTAKER Philip Sturg Sons

(Address) 2204 E. Hoffman St.

20. FILED 19 Registrar

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1933 to Oct 23 1933

I last saw him alive on Oct 22 19 Death is said to have occurred on the date stated above, at 12 30 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unk 4 yrs.
Arterio sclerosis	
Other contributory causes of importance:	
Myocardial insufficiency	Sept 28 33

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Bernard Hood M. D.

(Address) 2216 Garrison Blvd

E 94652

H. D. B. 1268-9 E 94652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hosp. St. 26-01 Ward)

Length of residence in city or town where death occurred 2a yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George W. Alexander

(a) Residence: No. home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 9 1847

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cecil Co Md

13. NAME G. W. Alexander

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ann Shannon

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Records (Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/25 1933

UNDERTAKER John J. Fahey & Son
(Address) 1218 Light St

FILED 2[illegible] Washington Williamson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1930 to Oct. 24 1933

I last saw he alive on Oct. 24 1933. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Emphysema	?
Broncho Pneumonia	3 days

Other contributory causes of importance:

Senile Dementia	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Pharaoh M. D.

(Address) Balt City Hosp

M. D. F. 1268-A E 94653

E 94653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Fuzitt (Guzitt)

(a) Residence: No. 1820 Gough St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 23, 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Fuzitt

14. BIRTHPLACE (city or town) (State or country) U. S. A.

15. MAIDEN NAME Maggie Glacken

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Reards

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 10/25, 1933

UNDERTAKER John J. Broughton

(Address) 2161 Eutaw St

FILED Huntington Williams, M.D. Registrar.

OCT 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1933, to Oct. 21, 1933

I last saw him alive on Oct. 21, 1933. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gastro-intestinal tract ?	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Pragner, M. D.

(Address) Balt. City Hosp.

D. B. 1268-9

E 94651 ✓ E 94654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Virginia Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Anna T. Gude

(a) Residence: No. 3004 Virginia Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12/10/1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Julius T. D. Gude

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Margaret Anna Stahl

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

INFORMANT Irene Buchsbaum
(Address) 3004 Virginia Ave.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1/26, 1933

UNDERTAKER Richard Mayer
(Address) 1020 Lehburton St.

1/25 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to Oct 22, 1933

I last saw h[illegible] alive on Oct 22, 1933. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Cancer	
Heart Failure	
Circulatory failure	
	over

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Hanker M. D.

(Address) 3324 Gwynns Falls Pky

D. B. 1289 E 94655 ✓ E 94655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Christopher Ave St., 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Susie O. Langrall

(a) Residence: No. 2907 Christopher Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Irving M? Langrall

DATE OF BIRTH (month, day, year): Aug 28/1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Dorchester Co., Md

13. NAME: Hudson Robinson

14. BIRTHPLACE (city or town) (State or country): Dorchester Co..Md.

15. MAIDEN NAME: Rosanna Jones

16. BIRTHPLACE (city or town) (State or country): Dorchester Co..Md.

INFORMANT (Address): John Langrall 2907 Christopher Ave

BURIAL, CREMATION, OR REMOVAL

Place: Lowe Funeral Date: Oct 26 19 33

UNDERTAKER (Address): Wm. H. Lee 407 E. Monument

FILED 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 23/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
Arteriosclerosis	??
History of Angina	??

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Kain Coroner, M. D.

(Address) 508 E. Monument

D. B. 1268-9 E 94656 ✓ E 94656

94656

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — Pronounced dead at
CITY OF BALTIMORE: (No. Hopkins Hospital St. 12-21 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Sheldon G. Vandyke

(a) Residence: No. 2517 N. Charles St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Singleton

DATE OF BIRTH (month, day, year): Sep 12/1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brown Rubber Co
10. Date deceased last worked at this occupation (month and year): Oct 24/33
11. Total time (years) spent in this occupation: 4yrs

BIRTHPLACE (city or town) (State or country): St. Paul, Minn

13. NAME: Wilson J. Vanbyke
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: Jeanette Blow
16. BIRTHPLACE (city or town) (State or country): St. Paul Minn
INFORMANT: Elizabeth Vandyke
(Address) 2517 N. Charles
BURIAL, CREMATION, OR REMOVAL: Placed Atlanta Georgia Date 10/25 19 3
UNDERTAKER: Leuchman & Cole
(Address) 447 S. Paca Street
FILED 10 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at about 4.30 A.M.

The principal cause of death and related causes of importance were as follows:
Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:
Possible Acute Alcoholism

Name of operation ... Date of ...
What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J. J. Guinn M. D.
Coroner
(Address) 508 E North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94657 E 94657

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 E. Madison St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Kaufman

(a) Residence: No. 2829 Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed or divorced
HUSBAND of (or) WIFE of Katherine Kaufman

DATE OF BIRTH (month, day, year) Aug. 11. 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2	13.	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo H. Kaufman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Zimmerman

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT Frank Kaufman

(Address) 2829 E. Madison St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 26 1933

UNDERTAKER Geo M. Smith & Son

(Address) 844 N Wolfe St

FILED OCT 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23rd. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933, to Oct 23, 1933

I last saw h.m alive on Oct 23, 1933 Death is said to have occurred on the date stated above, at 1.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Oct 19/33
Other contributory causes of importance: Cerebral Hemorrhage	Oct 11/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward Bowman, M. D.

(Address) 718 N Patterson Park Ave

I. D. R. 1268-9

4658 287910

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94658

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Hardenn

(a) Residence: No. The Retreat Warrington Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Radcliffe

DATE OF BIRTH (month, day, year) 10/20/1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	—	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home Home-Wife

10. Date deceased last worked at this occupation (month and year) 10/33

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Steven Wilson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME J. Edwards

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Louise B. Arkell

(Address) 15 E. 10th St. N. Y. City.

BURIAL, CREMATION, OR REMOVAL

Place ..... Va. Date Oct. 27, 1933

UNDERTAKER John C. Miketick & Sons

(Address) 1900 Eutaw Place

FILED ..... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1933 to Oct. 24, 1933

I last saw h.. alive on Oct. 24, 1933 Death is said to have occurred on the date stated above, at 7 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	10/17/33
Acute myocardial insufficiency	10/20
Chronic interstitial nephritis	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Herbert Eichert M. D.

(Address) J. H. H.

...—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94659

E 94659

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 1025 Myrtle ave ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy A Thomas

(a) RESIDENCE NO. 1025 Myrtle ave ST., WARD 17

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of James Thomas

ATE OF BIRTH (month, day, and year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	?	?	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Warrenton
(State or country) Virginia

0 NAME OF FATHER Shedrick Furr

1 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

2 MAIDEN NAME OF MOTHER Sarah Thomas

3 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

Informant Mrs. Adelaide Archibald

(Address) 1025 Myrtle Ave.

25 1933 Washington D.C. Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25, 1933

17 I HEREBY CERTIFY, That I attended deceased from April, 1931, to Oct 25, 1933, that I last saw her alive on Oct. 21, 1933 and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

[redacted] (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Two (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Probably Washington D.C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard M. D.

19 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. DATE OF BURIAL Oct. 27 1933

20 UNDERTAKER W. Ernest Lewis ADDRESS 1432 Florida Ave N.W.

H. D. B. 126 E 94660 ✓ E 94660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Springdale Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ? yrs. ..... mos. ..... ds.

2. FULL NAME Wolfe Cohen

(a) Residence: No. 3507 Springdale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Cohen

DATE OF BIRTH (month, day, year) Dec. 20, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens' Wear

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Hirsh Cohen

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Zelda Bailey

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mr. Nathan Cohen

(Address) Salisbury, Md.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Heb. Friendship Date Oct. 25 1933

UNDERTAKER Harry Sondheim & Son

(Address) 1902 Eutaw Place.

FILED ..... 19..... Registrar

Burial Permit Issued, Md

25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21st 1933 to Oct 24 1933

I last saw h[illegible] alive on Oct 24 1933 Death is said to have occurred on the date stated above, at ..... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3 days
Other contributory causes of importance:	
arteriosclerosis	3 years

Name of operation ✓ Date of /

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify J. Frederick Lentz

(Signed) J. Frederick Lentz M. D.

(Address) Temple Garden Apts.

M. D. B 1368-9 E 94661 ✓ E 94661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Baltimore City Hosp St. 5-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton E. Brayman

(a) Residence: No. 109 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Brayman (Dead)

7. DATE OF BIRTH (month, day, year) March 3, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Supt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salvation Army
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hingham Mass.

13. NAME Albert Brayman

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Lucinda Ellsworth

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Records
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Oakton. Fairfax Va. Date Oct-26 1933

UNDERTAKER Stewart Funeral Co
(Address) Connecticut

Oct 25 1933 Huntington Williams NY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1933 to Oct 24, 1933.
I last saw him alive on Oct. 24, 1933. Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic & acute insufficiency	? ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. E. Magill M. D.
(Address) Balt. City Hosp.

H. D. B. 1268-9

E 94662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94662

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hardy

(a) Residence: No. Liberty St. Lynn Station, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa Hardy

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4 Y	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

13. NAME Mr Record

14. BIRTHPLACE (city or town) Mr Record
(State or country)

15. MAIDEN NAME Mr Record

16. BIRTHPLACE (city or town) Mr Record
(State or country)

INFORMANT Irvin Valentine
(Address) Lynn Station Md.

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/27/33

UNDERTAKER Mahfield & Todd
(Address) 2444 N. Calvert

FILED 10/28/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-25-33, 19..., to 10-22-33, 19...

I last saw him alive on 10-22-33, 19... Death is said to have occurred on the date stated above, at 11 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Neil Foley M. D.

(Address) President Hospital

D. B. 1268-9

E 94663

HEALTH DEPARTMENT—CITY OF BALTIMORE

94663

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. City Jail St. 15-01 Ward)

gth of residence in city or town where death occurred..... yrs. .....mos.....ds. How long in U. S. If of foreign birth?..... yrs. ..... mos. ..... ds.

FULL NAME Enis Bell

(a) Residence: No. 1610 N Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Bell

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
34?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Oct 25th, 1933

UNDERTAKER (Address)

FILED 1933 0950 19 Huntington Pittsburg & Co Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on January, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	about 6 or 7 days

Other contributory causes of importance:

marasmus

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) James M Denton, M. D.
Coroner

(Address) 700 E Chas St

D. B. 1268-9

E 94664

94664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 10-C-1 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Combs.

(a) Residence: No. 812 Elder Al St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C+D
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT B.W. Police Record
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 25, 1933

UNDERTAKER
(Address) Huntington Williams, N.Y.

1933 JOHN R. MORGAN Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8th, 33

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date above stated at ... m.

The principal cause of death and related causes of importance were as follows:

Homicide — Hemorrhage due to pistol shot of Abdomen & Thorax

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide (Date of injury) Oct 8 1933
Where did injury occur? 812 Elder Al
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. O'Sullivan Coroner, M. D.
(Address)

D. B. 1268-0

E 94665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 78026 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Warren

(a) Residence: No. 706 Cumberland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

If married, widowed, or divorced — 1932
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-2-1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	4 16	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas Warren

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Marie Young

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Bd. Med. College Date Oct 25, 1933

UNDERTAKER .....
(Address)

FILED 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1933, to Oct 19, 1933

I last saw her alive on Oct 19, 1933. Death is said to have occurred on the date stated above, at 7.04 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Anemia	
b. Pneumonia	
c.	
d.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Marie S Hurst M. D.

(Address) Johns Hopkins Hosp

E 94666

H. D. B. 1268-9

94666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nelson Brisco

(a) Residence: No. 1945 Pennsylvania Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/11/32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11/2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Helen Nicholas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Edith Brisco

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place U. Md. Med College Date Oct 25, 1933

UNDERTAKER

(Address)

FILED Oct 25 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1933 to Oct. 13, 1933

I last saw h[illegible] alive on Oct 13, 1933. Death is said to have occurred on the date stated above, at 4:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	10 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Washington M. D.

(Address) Johns Hopkins

. D. B. 1263-9

✓ E 94667

94667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Mabel Williams

(a) Residence: No. 119 Calvin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 15, 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurs maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 070

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Henry Williams

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Audrey Ellington

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital records

(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Clayton N. C. Date Oct 27 1933

19. UNDERTAKER Lottie Gross

(Address) 140 Caroline St

Oct 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1933, to Oct 21, 1933

I last saw h alive on Oct 21, 1933. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic abscess	2 Months
Septicemia	2 days

Other contributory causes of importance: (Cancer)

Name of operation Posterior Colpotomy Date of 9-16-33

What test confirmed diagnosis? Path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Buttenwieser M. D.

(Address) Mercy Hospital Baltimore Md.

M. D. B. 1268-B

E 94668

34668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

7 Hrs.

2. FULL NAME Baby Boy Barget

(a) Residence: No. 1724 E. 28th St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) October 24, 1933

AGE Years	Months	Days	If LESS than 1 day, 7 hrs. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm. H. Barget

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Grace B. Bonday

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. H. Barget

(Address) 1724 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 10-25- 1933

19. UNDERTAKER Frederick C. Wilson

(Address) 1420 W. Fayette St.

20. FILED OCT 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1933 to October 25, 1933

I last saw him alive on October 25, 1933. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary atalectasis	10-24-33

Other contributory causes of importance: Prematurity separation of placenta

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Rocusin M. D.

(Address) Franklin Square Hospital

Co. 5-31 250B

E 94669

HEALTH DEPARTMENT—CITY OF BALTIMORE

94669

159

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

TY OF BALTIMORE: (No. St., 7-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Male Foetus Wagner

(a) Residence: No. 929 N Carlin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-16-33

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Premature 5 mo			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St Joseph Hosp Baltimore

13. NAME Edward L Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Elizabeth Voelker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs. Wagner

(Address) 929 N Carlin St

BURIAL, CREMATION, OR REMOVAL

Place Foetus buried on 19

UNDERTAKER Laboratory specimen

(Address) Huntington Williams, Md

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1933 to Oct 16, 1933

I last saw him alive on 10-16- 1933 death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Prematurity (5 mos)	
Premature child	
Other contributory causes of importance:	
5 months - breast	
1 hour.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H M Wagenmaker, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

E 94670

22

H. D. B. 1268-9

94670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 19-01 (Ward)

How long in U. S. If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME Robert Macy Chase

(a) Residence: No. 214 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Chase

DATE OF BIRTH (month, day, year): March 7 1899

AGE: Years 34 | Months 7 | Days 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Cambridge Md

13. NAME of Father: Thomas Chase

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME of Mother: Emily Macy

16. BIRTHPLACE (city or town) (State or country): Cambridge, Md.

INFORMANT: Mrs. Lucy Chase

(Address) 214 N. Bond St

BURIAL, CREMATION, OR REMOVAL: Cambridge Cemetery Date 10/27 1933

Place

UNDERTAKER: Thos. Katie R. Williams

(Address) 322 N. Howard St

Baltimore Md

5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-22-33, 19..., to 10-24-33, 19... Death is said

I last saw him alive on 10-24-33, 19... at 5:30 a.m.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Sheild Reynolds M. D.

(Address) Provident Hospital

I. D. B. 1268-9

E 94671

94671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Schaffer

(a) Residence: No. East Ave. Carney, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 18, 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME William Schaffer

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Mary Hauple

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Patterwood Cem. Date Oct. 27 1933

19. UNDERTAKER Joel Lassahn & Son
(Address) 1701 Eden Ave

Filed 19 Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933 to Oct 25, 1933

I last saw h~~im~~ alive on Oct 25, 1933 Death is said to have occurred on the date stated above, at 7.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis & Infarction of Brain, Spleen and Kidneys	6 weeks
Other contributory causes of importance: Rheumatic Cardio Vascular Disease	4 years

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. H. Burns M. D.

(Address) Mercy Hospital

✓ E 94672

H. B.-1268-8

94672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Fitzpatrick

(a) Residence: No. High & Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr? 21 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54 (?)	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Man do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

13. NAME Wm Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) W Va

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) N J

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Manchester Va Date 10/25 1933

UNDERTAKER Geo A Stanley Fayette St
(Address)

FILED 5 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to Oct 20, 1933

I last saw him alive on Oct 20, 1933. Death is said to have occurred on the date stated above, at 3.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6 days
Other contributory causes of importance:	
Bilateral Lobular Pneumonia	5-6 days

Name of operation clinical signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. H. Burns M. D.

(Address) Mercy Hospital

D. B. 1268-9

E 94673

HEALTH DEPARTMENT—CITY OF BALTIMORE

4673

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Pronounced Dead at

TY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)

ngth of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elvira Capizzo

(a) Residence: No. 2821 Westfield Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Sing[le]

If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 17, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co

13. NAME Dominick Capizzo
14. BIRTHPLACE (city or town) (State or country) Balto md
15. MAIDEN NAME Teresa Barsotar
16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Father Dominick Capizzo
(Address) 2821 E. Westfield ave.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 26 ... 1933

UNDERTAKER Frank V. Pipitone
(Address) 2400 E. Baltimore
Monongah West Virginia

5 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

2/o Burns over Greater part of her body — Crushed Chest due to fall from 9 Stories — 30 ft.

Date of onset

Other contributory causes of importance

Suicide, while temporarily Insane & Sudden

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Oct 23 1933

Where did injury occur? Lord Baltimore Hotel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Suicidal Mania

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) James M. Fenton Coroner, M. D.

(Address) 700 E. Chase

E 34674

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4671 278086 13-002

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred .....

FULL NAME Irene Ewenicke

(a) Residence: No. 617 S. Dunham Ct St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 7/10/33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3.	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Date not

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Date not

13. NAME Max Ewenicke

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Josephine Wdowziekowska

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Friend

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Date Oct 26 1933

Place Holy Rosary

UNDERTAKER Eugene Wilbur

(Address) 925 E. Lanvale St

FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-24- 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-20- 1933 to Oct-24- 1933

I last saw her alive on Oct-24- 1933 Death is said to have occurred on the date stated above, at 8 50 A. M.

The principal cause of death and related causes of importance were as follows:

Bordetella dysentery

Date of onset 7-28-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Mayo S Hecht M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

E 94675

HEALTH DEPARTMENT—CITY OF BALTIMORE

4675

106-004

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 8 W 25th St., 12-01 Ward)
Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Whaland Carrill

(a) Residence: No. 8 W. 25th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry W. Carrill

DATE OF BIRTH (month, day, year): March 4. 1839

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	94	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home Work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Chestertown Md

13. NAME OF FATHER: Dr. Thomas H. Whaland

14. BIRTHPLACE (city or town) (State or country): Chestertown Md

15. MAIDEN NAME: Grace Camp

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Mrs J C W Frazer
(Address): 5607 Roslyn Rd Mt Wash

BURIAL, CREMATION, OR REMOVAL
Place: Chestertown Md Date: Oct 27. 1933

UNDERTAKER: W. J. Tschudy & Sons
(Address): Baltimore Penna

Filed: 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/27/1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 33 to Oct 27 33, 19..., and I last saw her alive on Oct 24 33. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Arteriosclerosis	

Other contributory causes of importance:

Bronchocele	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas Carroll M. D.
(Address) 1 Med. & Sci. Bldg

H. D. B. 1268-9

E 94676

94676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 14-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Margaret Rose

(a) Residence: No. 1704 Eutaw Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Harry Rose

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70 Yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Moorehead

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Margaret Curtis

16. BIRTHPLACE (city or town) (State or country) W. Va

INFORMANT Mr. Harry C Michael

(Address) 3426 Universally Place

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 26, 1933

UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pa Ave.

FILED Oct 25 1933 Hamilton Williams, Registrar.

NH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1933 to Oct. 24, 1933

I last saw her alive on Oct. 24, 1933 Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Oct. 14-33
Bronchopneumonia	Oct 18 1933-

Other contributory causes of importance:

Name of operation —— Date of ——

What test confirmed diagnosis? —— Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Novak, M. D.

(Address) Medical Arts Bldg.

5 1933

H. D. B 1268-9

94677 E 94677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alma Whiting

(a) Residence: No. 33 Registry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-17-33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME —

14. BIRTHPLACE (city or town) No Record
(State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) No Record
(State or country)

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 25 19 33

UNDERTAKER .....
(Address)

Oct 25 1933 ..... Registrar.

0951

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-33 19

22. I HEREBY CERTIFY, That I attended deceased from 10-18-33, 19..., to 10-22-33, 19...

I last saw her alive on 10-22-33 19... Death is said to have occurred on the date stated above, at 9:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Bifida	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Bosley Peter M. D.

(Address) Franklin Square Hospital

D. H. 1268-9

E 94678

HEALTH DEPARTMENT—CITY OF BALTIMORE

3678

CERTIFICATE OF DEATH

X 160-002

1. PLACE OF DEATH UNIVERSITY HOSPITAL BALTIMORE MARYLAND

CITY OF BALTIMORE: (No. 4-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME JOAN AFTON

(a) Residence: No. Identon Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of Oct 18th 1933

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
6 days. 0	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Afton.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hosp Record.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mitchellville Md Date Oct 25th 1933

UNDERTAKER B. C. Harle

(Address) 1000 N. Pace St.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-33. 19

22. I HEREBY CERTIFY, That I attended deceased from OCTOBER 22, 1933. to OCTOBER 24, 1933

I last saw HER alive on OCTOBER 24, 1933 Death is said to have occurred on the date stated above, at 8 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	10-18-33
Other contributory causes of importance:	
Labor prolonged	

Name of operation ..... Date of .....

What test confirmed diagnosis EXAMINATION SPINAL PUNCTURE Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James J. Moore M. D.

(Address) Clinic Md

aCo. 5-31 250B

E 94679

HEALTH DEPARTMENT—CITY OF BALTIMORE

4679

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1832 N. Washington St. 8-01 Ward)

ngth of residence in city or town where death occurred 79 yrs. 1 mos. 20 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Mary Agnes Swain

(a) Residence: No. 1832 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 4, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mr. William Whitworth
(Address) 327 Virginia Blvd.

BURIAL, CREMATION, OR REMOVAL Woodlawn Park Cemetery Date Oct 26 1933

UNDERTAKER Chas. H. Black
(Address) 742 W. North Ave Huntington Station, N.Y.

5-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Oct 24, 1933

I last saw h... alive on Oct 23, 1933, death is said to have occurred on the date stated above, at 1.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	3 yrs
Senile Arteriosclerosis	1 yr
Other contributory causes of importance:	
Ureamic Coma	3 days
Dysentery	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

ec.—9-30—A. & Co.—250 Blks

✓ E 94680

34

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1624 McCulloh ST. 11-01 WARD)

2. FULL NAME Gordia Duckett

(a) RESIDENCE NO. 1624 McCulloh ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Rosie Duckett

DATE OF BIRTH (month, day, and year): Nov 12, 870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	7	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Augustus Duckett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Rosie Duckett
(Address): 1624 McCulloh St

Filed 1933, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24/33

17

I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Oct 24, 1933

that I last saw him alive on Oct 23, 1933

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ..... yrs. 6? mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) C. Williams Frey M. D.

10/25 1933 (Address) 928 Penna Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bryantown Md.

DATE OF BURIAL: Oct 26 1933

20 UNDERTAKER: Thomas E. Kelson.

ADDRESS: 1303 Pearlman St.

5
. D. B. 1269-9 E 94681

E 94681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5-01 St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Lucas

(a) Residence: No. 1247 Edythe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 12, 1930

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Frank Lucas

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Minnie Lucas

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Oct 26, 1933

UNDERTAKER E. W. Bryan

(Address) 644 Orchard St

FILED Oct 26 1933 Christopher Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1933 to Oct. 21, 1933

I last saw him alive on Oct. 21, 1933 Death is said to have occurred on the date stated above, at 3.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
8 Pharyngitis, tonsillitis	10-3-33
Cervical adenitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Mayo S. Hoyt M. D.

(Address) Johns Hopkins Hospital

E 94682

E 94682

D. B. 1268-9

Bed

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X √119

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7.01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos. /.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Junius Lee Smith

(a) Residence: No. Edgemere P.O. Sparrows Point St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

6. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
months	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland.
(State or country)

13. NAME Charles Smith

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME ? Farmer

16. BIRTHPLACE (city or town) Ga.
(State or country)

INFORMANT .....
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Oct 27 1933

UNDERTAKER Edw. Bryan
(Address) 16 Florence Pl.

FILED OCT 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1933 to Oct. 24, 1933

I last saw him alive on Oct. 24, 1933 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - bronchial.	10-24
Other contributory causes of importance:	
Diarrhea	

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Maurice L. Hecht M. D.

(Address) Johns Hopkins Hospital

D. H. 1268-9

94683 HEALTH DEPARTMENT—CITY OF BALTIMORE 94683

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 938 E. Vincent St., 16-01 Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
FULL NAME John Johnson also known as Jos. Crosby
(a) Residence: No. 1619 Maher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single
6. DATE OF BIRTH (month, day, year): 1900
7. AGE: Years 33; Months; Days; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Atlanta Ga.
13. NAME of father: John Johnson
14. BIRTHPLACE (city or town) (State or country): Ga.
15. MAIDEN NAME of mother: Lillie Tew
16. BIRTHPLACE (city or town) (State or country): Fla.
17. INFORMANT: Ethel Johnson
(Address) 1463 Church St. Wash. D.C.
18. BURIAL, CREMATION, OR REMOVAL
Place: Atlanta Ga. Date: 1/26, 1933
19. UNDERTAKER: Samuel J. Hamburger
(Address) 528 N. Eutaw St.
20. FILED: 1/26 1933 Huntington, West Virginia, REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 24, 1933
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Hemorrhage due to pistol wound of heart	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S. H. Hunk, M. D.
Coroner
(Address) Catonsville

D. B. 1268 E 94684 E 94684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 Augusta Ave. St. 20-21 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Mary Taylor

(a) Residence: No. 222 Augusta Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Capt. William Taylor

6. DATE OF BIRTH (month, day, year) February 14, 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worgrave England

13. NAME OF FATHER William Lawrence

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Howard W. Jones
(Address) 222 Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 26 1933

19. UNDERTAKER Cook
(Address) 1003 W. Baltimore St.

20. FILED Oct 26 1933 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from October - 20. 1933 to October - 24. 1933.
I last saw her alive on October - 24. 1933 Death is said to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Sub acute. (Myocardial Degeneration)	
Other contributory causes of importance: Senility	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place — — — —
Manner of injury — — —
Nature of injury — — —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) H. Lloyd Johnson M. D.
(Address) Augusta & Frederick Aves.

D. B. 1266-9

94685

HEALTH DEPARTMENT—CITY OF BALTIMORE

94685

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3407 E. Pratt St. 76-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. ELENORA HALL

(a) Residence: No. 3407 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert R. Hall

DATE OF BIRTH (month, day, year) Sept. 3. 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Wallenwein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Laura Wallenwein

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Ima Hall (daughter)

(Address) 3407 E. Pratt St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct. 26. 1933

HENRY SANDER & SONS. INC.

UNDERTAKER

(Address) Baltimore & Broadway.

FILED Oct 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Oct 23, 1933

I last saw her alive on 23rd Oct., 1933. Death is said to have occurred on the date stated above, at 2.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	?
Other contributory causes of importance:	
Hypertension	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Jacobs M. D.

(Address) 1735 N. Bentalou St.

D. B. 1268-D E 94686 E 94686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Station Ward St. 27-01 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles T. ~~Hall~~ Griffin

(a) Residence: No. 2026 Kelly Ave Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, year) June 28 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter Union Station
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R.R.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30 yrs

9. BIRTHPLACE (city or town) (State or country) Dover Del.
10. NAME Matthew Griffin
11. BIRTHPLACE (city or town) (State or country) Dover Del.
12. MAIDEN NAME Elizabeth Hilson
13. BIRTHPLACE (city or town) (State or country) Dover Del.
14. INFORMANT X Calvin M. Griffin
(Address) X 2026 Kelly Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cemetery Date Oct 26 1933

15. UNDERTAKER Archibald A. Gaddis
(Address) 2611 McCulloh St.

FILED 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on January, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	Sudden

Other contributory causes of importance:

Coronary Sclerosis	Unknown

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~~James M. Fenton~~

(Signed) James M. Fenton, M. D.
Coroner
(Address) 703 E Chase

D. B. 1268-9 E 94687

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94687

V 121

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 E. Fayette St., 18-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Schmidt

(a) Residence: No. 1216 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Gustav Schmidt

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Phila., Pa.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Gustav Schmidt, Jr

(Address)

BURIAL, CREMATION, OR REMOVAL Date 10/26 1933

Place John J. Gerhold

UNDERTAKER Loudon Park Cemetery

(Address)

Registrar.

93150

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said I last saw h alive on ..... 19..... to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Septicemia-peritonitis — Date of onset

Other contributory causes of importance:

Probable ruptured appendix — 2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. Owen Coroner, M. D.

(Address) 501 E Fayette

12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94688

4688

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH Home for the Aged

of BALTIMORE: (No. 2211 Rogers Ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lucy Shaw

(a) RESIDENCE NO. Home for the Aged of the M. E. Church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female White	Single

Married, widowed, or divorced HUSBAND of (or) WIFE of —

BIRTH (month, day, and year) June 20 - 1858

Years	Months	Days	IF LESS than 1 day hrs. or min.
75	4	5	

OCCUPATION OF DECEASED

Trade, profession or particular kind of work None

General nature of industry, business, or establishment in which employed (or employer)

Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore Md.

NAME OF FATHER Reed Moulton Shaw

BIRTHPLACE OF FATHER (city or town)

(State or country) Massachusetts

MAIDEN NAME OF MOTHER Eliza Ann Patterson

BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

Informant (Address)

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct 25 - 1933.

17 I HEREBY CERTIFY, That I attended deceased from Oct 24 1933, to October 25, 1933.

that I last saw h alive on October 25, 1933.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) George L. Shannon, M. D.

10/25 1933 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Olivet	Oct. 19 33
20 UNDERTAKER	ADDRESS
George J. Smith	Woodlawn

1933

D. B. 1265-9

E 94689 ✓ ME 94689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., ...Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Cyrus W. Ridgely

(a) Residence: No. 1400 W Lexington St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 3, 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Arthur Ridgely

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

15. MAIDEN NAME Eliza Waters

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md

INFORMANT Mrs. Mary F. Forestal

(Address) 1402 W. Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 26, 1933

UNDERTAKER Geo. J. Smith

(Address) 532 Fulton Ave

Oct 25 1933 ...Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ...., 19..., to ...., 19...

I last saw h... alive on ...., 19... Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Multiple Fractures & Shock	10/23/33
Other contributory causes of importance: Automobile Accident	10/23/33

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 23 1933

Where did injury occur? Hollins St nr. Stricker (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2100 E Madison St

1-30—M. & T.—250 Blks

E 94690

690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. University Hospital; ST. 9-21 WARD)

FULL NAME Bernard A. Peusch.

RESIDENCE NO. 1708 Lakeside Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred 54 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 54 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	White	Married

[illegible] of HUSBAND of WIFE of Margaret Peusch.

OF BIRTH (month, day, and year) May 18, 1874

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	5	6	

PATION OF DECEASED

Trade, profession or cular kind of work Clerk, 009

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

PLACE (city or town) or country) Germany.

AME OF FATHER Charles W. Peusch.

IRTHPLACE OF FATHER (city or town) tate or country) Germany.

AIDEN NAME OF MOTHER Amma M. Siek.

IRTHPLACE OF MOTHER (city or town) tate or country) Germany.

ormant Margaret Peusch. (wife)

ddress) 1708 Lakeside Ave.

4933 Huntington Williams NF Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24, 1933

17 I HEREBY CERTIFY, That I attended deceased from October 22nd, 19 33, to October 24th 19 33.

that I last saw him alive on October 24th 19 33,

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage

(duration) ....yrs. .... mos 1 ds.

CONTRIBUTORY (Secondary) Rupture of a gastric Ulcer.

(duration) ? yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? 1708 Lakeside Ave.

Did an operation precede death? Blood transfusion Date of Oct. 24, 1933

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M Reinhardt, M. D.

10/25/33 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Oct 27 1933

20 UNDERTAKER Josiah Syfer

ADDRESS 1600 W. North Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94691 — 95-082 — E 94691

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1818 Mosher St. 16th Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Benjamin H. Bealer

(a) Residence: No. 1818 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura I. Bealer.

7. DATE OF BIRTH (month, day, year) October 5. 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	---	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME Wm. H. Bealer.

14. BIRTHPLACE (city or town) (State or country) Washington D.C

15. MAIDEN NAME Elizabeth E. Hopkins.

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Mrs Laura I. Bealer.
(Address) 1818 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md. Date Oct. 27. 1933

19. UNDERTAKER See W Sitle
(Address) 2900 Edmondson Ave.

20. DATE RECEIVED OCT 26 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1933 to Oct 24 . 1933

I last saw h~~im~~ alive on Oct 24 . 1933 . Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease	Oct 1
	"
Wound	"
Ivan	"
	"
Other contributory causes of importance: Cerebral Hemorrhag	Oct 10 33

Name of operation — Date of —

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed W J Love M. D.

(Address) 211 Eutaw St

Co. 5-31 250B

E 94692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1692

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1713 Park Ave St., 14-01 Ward)

gth of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Spalding

(a) Residence: No. 1713 Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 10 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charles Co Md

13. NAME Basil Dennis Spalding

14. BIRTHPLACE (city or town) (State or country) Seminary Charles Co Md

15. MAIDEN NAME Priscilla Ann Moore

16. BIRTHPLACE (city or town) (State or country) Moors Rest Charles Co Md

INFORMANT Dr Henry C. Spalding
(Address) Richmond Va

BURIAL, CREMATION, OR REMOVAL Woodmont Cemetery Date Oct 27 1933

UNDERTAKER Chas. S. Black
(Address) 742 W. Lanvale ave

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1933 to October 25, 1933

I last saw h. 34 alive on October 25 1933, death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis, chronic interstitial nephritis, acute cardiac decompensation	Oct. 19
Other contributory causes of importance:	
Chronic myocardial disease	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Jack R. Morgan M. D.

(Address) 6 E. Read Street

. D. B. 1268-9

✓ E 94693

46693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Md Gen Hospital — 12

Registered No.

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Asbury McK. Snyder

(a) Residence: No. 124 N. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy Winter Snyder

DATE OF BIRTH (month, day, year) Oct 14 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	--	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Puddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Alexandria
(State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country) "

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country) "

INFORMANT Mrs. John Hellmer

(Address) 101 N Bellwood ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Cemetery Date Oct 28, 1933

UNDERTAKER Chas. H. Blake & Son

(Address) 1923 Pa Ave

FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/28/33, 19..... to 10/25/33, 19.....

I last saw h.. alive on 10/25/33, 19..... Death is said to have occurred on the date stated above, at 2:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	
Cholelithiasis	
Acute appendicitis	
Peri Rectal Abscess	

Other contributory causes of importance:

Myocardial failure

Name of operation Cholecystotomy Date of 9/30/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Proctor M. D.

(Address) Md Gen Hospital

D. B. 1288-9 E 94694 ✓ E 94694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1502 Normandy Place (Ward) 27

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nelson E. Ford

(a) Residence: No. 1502 Normandy Place St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, (Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Ford

6. DATE OF BIRTH (month, day, year) June - 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) 10/25/33

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Rosslyn Va

13. NAME OF FATHER Thos. N. Ford

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Mary Walton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lewis Ford
(Address) Star Rt Uniontown Md

18. BURIAL, CREMATION, OR REMOVAL Uniontown Md Date Oct 27, 1933

19. UNDERTAKER Bernard Kennedy
(Address) 818 Eutaw St City

DATE Oct 26 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Hoffman Coroner, M. D.

(Address) 357 Roland Ave

D. B. 1268 E 94695 E 94695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 81

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Homestead St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elba M Anderson

(a) Residence: No. 1528 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lamb S. Anderson

7. DATE OF BIRTH (month, day, year): Oct 10, 1860

8. AGE: Years: 73 | Months: 0 | Days: 15 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Forest Md

13. NAME: John Tucker

14. BIRTHPLACE (city or town) (State or country): Forest Md

15. MAIDEN NAME: Eliza Crawford

16. BIRTHPLACE (city or town) (State or country): Edmonston Md

17. INFORMANT: (a) Landsmere (Address) 1528 Homestead St

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date 10/28/33

19. UNDERTAKER: J. McCoy (Address) 1217 E. Lanvale St

20. FILED: 10/27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to Oct 25, 1933

I last saw h.. alive on Oct 24, 1933. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis - bulbar	fall 1933
Other contributory causes of importance:	

Name of operation: None Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank J Kinzey M. D.

(Address) 2700 Harford Ave

M. D. B. 12689 E 94696 / E 94696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 87-002

Registered No. 21-01

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Myrtle Schadel

(a) Residence: No. 1333 Herkimer St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 28, 1902

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Schadel

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sally Phail

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Friends

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 28 1933

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED ..... 19..... ..... Registrar.

OCT 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25 1933

22. I HEREBY CERTIFY, That I attended deceased from August 22 1933 to October 25 1933

I last saw her alive on Oct. 25 1933 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Mazell M. D.

(Address) Balt. City Hosp.

E 94697 E 94697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Briscoe St. 21-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Rose

(a) Residence: No. 1023 Briscoe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Martha M Rose

DATE OF BIRTH (month, day, year) July 14, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elliott Machine Co

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 30 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME David Rose

14. BIRTHPLACE (city or town) (State or country) Poles

15. MAIDEN NAME Matilda Holtzhauer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Martha Rose 1023 Briscoe St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Co. Date Oct 25th, 1933

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED 19 Registrar

OCT 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933 to Oct 25, 1933

I last saw h[illegible] alive on Oct 25, 1933. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	5 mos
Other contributory causes of importance:	
Subacute Nephritis	1 Yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Warren Kates, M. D.

(Address) 523 S. Scott St

E 94698

H. D. B. 1268-9

E 94698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 22-01 (St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Kulenchuk

(a) Residence: No. 675 W. Barre st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Kulenchuk

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Pete Kulenchuk

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Kate Egnatuk

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian Date Oct. 27 1933

UNDERTAKER John Grefliauckas

(Address) 423 S. Paca St.

FILED 27 1933 Huntington Williams Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1933 to Oct. 25 1933

I last saw h. in alive on Oct. 25 1933 Death is said to have occurred on the date stated above, at 11.30 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	7 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

. B. 1265-9 E 94699 E 94699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 95-002

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1235 Ashland Ave St. 10-01 Ward)

th of residence in city or town where death occurred.... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

FULL NAME Gilbert Thomas

(a) Residence: No. 1424 Barnes St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) March 10/1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
9)	50	7	14	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

9. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

IRTHPLACE (city or town) (State or country) Alabama

. NAME Unknown

. BIRTHPLACE (city or town) (State or country) "

. MAIDEN NAME "

. BIRTHPLACE (city or town) (State or country) "

NFORMANT Louisa Mitchell

(Address) 1424 Barnes St

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 27. 1933

NDERTAKER Rayner Sanders

(Address) 1413 E Preston St

ILED Oct 28 1933 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 . to ..... . 19 .....

I last saw h alive on ..... . 19 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardio-vascular Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Gayer M. D.

(Address) 508 E Fronklin Coroner

D. B. 1[illegible] E 94700

M E 94700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital St. 15 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James F. Hite

(a) Residence: No. 619 Cumberland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

DATE OF BIRTH (month, day, year) Dec 15, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ed

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20

9. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

10. NAME James Hite Sr.

12. BIRTHPLACE (city or town) (State or country) Petersburg, Va

13. MAIDEN NAME Rosa Smith

14. BIRTHPLACE (city or town) (State or country) Petersburg Va.

INFORMANT Jennie Hite
(Address) 619 Cumberland St

BURIAL, CREMATION, OR REMOVAL

Place Oct 27 Mt Auburn Cem Date 1933

UNDERTAKER Chas H. Burkett
(Address) 3-28 Fairmount Ave

FILED [illegible] 1933 Huntington Hillman [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury & autopsy to 1933

I last saw h[illegible] alive on Injury & autopsy Death is said to have occurred on the date stated above, at 1245 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of no

What test confirmed diagnosis none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 16 1933

Where did injury occur? in front of 1222 Pennsylvania Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Struck by auto while walking across street

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2109 E Madison St

D. H. 1268-0

E 94701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94701

94-001

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1610 Rutland Ave St., 8-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Edward August Wright

(a) Residence: No. 1610 Rutland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widower

f married, widowed, or divorced
HUSBAND of (or) WIFE of late Louisa

ATE OF BIRTH (month, day, year) Aug 26/1857

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	1	30	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Latner
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) 1 yrs ago
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Charles T. Wright

. BIRTHPLACE (city or town) (State or country) England

. MAIDEN NAME Ann Walstrum

. BIRTHPLACE (city or town) (State or country) Balto., Md.

NFORMANT Charles E. Wright
(Address) 1610 Rutland Ave

URIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Oct. 28' 193

NDERTAKER Henry Heck Sons, Inc
(Address) 130 E Eager St.

LER 71933 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Myocardial Insufficiency	
Other contributory causes of importance: Probable Angina Pectoris	

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Wilson Coroner, M. D.

(Address) 508 E North Ave

D. B. 12 E 94702 ✓ E 94702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Central Ave St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? 50 yrs. — mos. — ds.

2. FULL NAME Emma Huber

(a) Residence: No. 1018 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced
HUSBAND of
(or) WIFE of Michael Huber

6. DATE OF BIRTH (month, day, year) Nov 24 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	71	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Andrew Stanger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs Mary E. Sweeney

(Address) 1018 N Central Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Oct 28 1933

UNDERTAKER Leary Stock Sons Inc

(Address) 131 E Lexington St

FILED Oct 30 1933 Registrar.

271933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1933 to Oct 25 1933

I last saw h[illegible] alive on Oct 25 1933 Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10/24/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Bernard Wolf M. D.

(Address) 1216 Calvert St

D. B. 1268-9 E 94703 ✓ E 94703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Pronounced dead at St. Joseph Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2503 Halcyon Ave. St. 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oskar A. Heller

(a) Residence: No. 2503 Halcyon Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude M. Heller

DATE OF BIRTH (month, day, year) Dec. 12, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Pottsdam
(State or country) Germany

13. NAME Rudolph Heller

14. BIRTHPLACE (city or town) ...
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ...
(State or country) Germany

INFORMANT Gertrude M. Heller
(Address) 2503 Halcyon Ave.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Oct. 28, 1933

UNDERTAKER Frederick Cassalmston
(Address) 7401 Belair Road.

FILED 1933 Huntington Pittsville, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular / Insufficiency	?
Other contributory causes of importance: history of Diabetes Mellitis	? yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Mont

E 94704

E 94704

I. D. B. 1268-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4616 St. Thomas Ave. St., 26-W Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wilhelmina F. Vogt

(a) Residence: No. 4616 St. Thomas Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Albrecht Vogt

DATE OF BIRTH (month, day, year) July 24, 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Unknown
(State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) ...
(State or country) Germany

15. MAIDEN NAME Frederick Schwartz

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

INFORMANT Mrs. Rose Malwitz
(Address) 4616 St. Thomas Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Oct. 28 1933

UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road

FILED ... 19... by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Oct 24 1933

I last saw h[illegible] alive on Oct 23 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	July 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) J. S. Hardesty M. D.

(Address) 7610 Belair Rd

D. B. 1903-0 E 94705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94705

CERTIFICATE OF DEATH

80

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 N. Lafayette Ave St., 16-01 Ward)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Hohzeman

(a) Residence: No. 1906 N. Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret A. Hohzeman

DATE OF BIRTH (month, day, year) Jan 11 or 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cot

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Chas Hohzeman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Goebel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Edith M Hohzeman

(Address) 1906 N. Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/27/33

UNDERTAKER F. D. Weppler & Son

(Address) 1300 Eutaw Place

FILED .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928 to Oct 24, 1933

last saw h.... alive on Oct 23, 1933 Death is said to have occurred on the date stated above, at 6 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileus (False Aneurism)	?
	c

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation none Date of .....

What test confirmed diagnosis? Mass. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Howard M Bubert M. D.

(Address) Medical Arts Bldg

E 94706

E 94706

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma P Phillips

(a) Residence: No. 630 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Phillips (Sep)

6. DATE OF BIRTH (month, day, year) August 22, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Robert Hicks

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Georgiana Floyd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Relative Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 27th 1933

19. UNDERTAKER Edw. A. Wilson

(Address) 1622 Pennsylvania Ave

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Oct. 25, 1933

I last saw her alive on Oct. 25, 1933 Death is said to have occurred on the date stated above, at 1 33 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension	?
Myocardial failure	1 mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

H. D. B. 1268-9 E 94707

E 94707

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 24 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Travitsky

(a) Residence: No. Belvedere & Greenspring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isyer

DATE OF BIRTH (month, day, year) 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sig Hurtfield

(Address) Belvedere & Greenspring

BURIAL, CREMATION, OR REMOVAL

Place Mt Lloyd Date 10-27-33

UNDERTAKER Jack Levin Inc

(Address) 1432 E Balto St

FILED 1933 Hutzler Bros. Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-23 1933 to 10-27 1933

I last saw h.. alive on 10-25 1933 Death is said to have occurred on the date stated above, at 12.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. vascular disease	
Hypertension	
Mitral stenosis & insufficiency	

Other contributory causes of importance:

Sorbosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Levin M. D.

(Address) Levindale

M. D. R. 1268-9

E 94708

4708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 9-01 ✓ 119 Registered No.

CITY OF BALTIMORE: (No. Thirty-third St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Joan Whitley

(a) Residence: No. 1107 Homestead St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec. 2, 1932.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Girardeau Whitley

14. BIRTHPLACE (city or town) Baltimore. Md.
(State or country)

15. MAIDEN NAME Edna Wilson

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

INFORMANT Mrs. Edna Whitley

(Address) 1107 Homestead St., Balto.

BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date Oct. 29, 1933

HENRY SANDER & SONS, INC.

UNDERTAKER

(Address) Baltimore & Broadway.

Filed Oct 29 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1933 to Oct. 26, 1933

I last saw h[illegible] alive on Oct. 26, 1933 Death is said to have occurred on the date stated above, at 9:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, acute	10/24/33
Other contributory causes of importance:	
Acute Intestinal diarrhea	10/1/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Frame M. D.

(Address) Union Memorial Hosp.

...c.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94709

94709

CERTIFICATE OF DEATH.

✓ 157-004

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 6218 Dansville ave ST. 26-01 WARD)

2-FULL NAME Howard Phipps Ingram

(a) RESIDENCE. NO. 6218 Dansville ave ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 24, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Jesse Ingram

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Guida M Phipps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) mouth of Wilson Va

Informant (Address) Jesse Ingram 6218 Dansville ave Baltimore Md

Filed 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933, to Oct 27, 1933

that I last saw him alive on Oct 26, 1933

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Encephalocele (congenital)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. W. Reier, M. D.

10/27 1933 (Address) Dundalk, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Darlington Cem DATE OF BURIAL Oct. 28 1933

20 UNDERTAKER H. S. Bailey ADDRESS Darlington, Md.

E 94710 E 94710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Hall

(a) Residence: No. 1138 Low St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Hall

DATE OF BIRTH (month, day, year) March 23/1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... At home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) 10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

3. NAME Charles Brown

4. BIRTHPLACE (city or town) (State or country) Maryland

5. MAIDEN NAME Sarah Banks

6. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Thomas (sister)

(Address) 5337 Denmore Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10/27/33

UNDERTAKER Wm. Geo. H. Hollo

(Address) 1611 Eutaw Pl.

FILED OCT 27 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 12.30 P. M.

The principal cause of death and related causes of importance were as follows:

Toxemia-Chr Cholecystitis
Gall Stones

Date of onset

Other contributory causes of importance:

Cirrhosis of liver ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. H. Bacon Coroner M. D.

(Address) 508 E. North Ave

H. D. B. 1268-9

E 94711

4711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 13-002

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. Thirty third St., E-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph D. Bertrand

(a) Residence: No. 2229 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 31 - 1929

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Arthur Bertrand

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sadie Rabel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltolem Date Oct 28th 1933

UNDERTAKER Leo G. Leech

(Address) 1723 N. Patterson Park Ave.

1933 Huntington Wilkins & Co. Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1933, to Oct. 26, 1933.

I last saw him alive on Oct. 26, 1933. Death is said to have occurred on the date stated above, at 4:29 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	10-18-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Richard Trance, M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

94712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94712

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 16-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles F. Hoffman

(a) Residence: No. 1008 Mariner Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose E. Foss

6. DATE OF BIRTH (month, day, year) Aug 26, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	2	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Can Co

10. Date deceased last worked at this occupation (month and year) Oct 25 | 11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

13. NAME Charles Hoffman

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Ellen McGuiness

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Helen Woods

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem

Place Randallstown Md Date Oct 29, 1933

19. UNDERTAKER Harry W. Ehlen

(Address) Wyeth & Pratt Ave

Oct 27 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933 to Oct 26, 1933

I last saw him alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	one day

Other contributory causes of importance:

Uremia	4 days

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) Bal. City Hospital

D. B. 1268-9

E 94713

94713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 71-001

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Lee Mayer

(a) Residence: No. Sparks Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sparks, Md.

13. NAME Jake Mayer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Dorothy Engle

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mr. Jake Mayer

(Address) Sparks Md

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Oct 29, 1933

UNDERTAKER P. Mahlin Sons

(Address) Lexington & Paca Sts

1933 Lexington Pottinger, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1933 to Oct 27, 1933

I last saw her alive on October 27, 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Sept.
Anemia (Secondary)	?
	Oct.

Other contributory causes of importance:

Acute Cardiac dilatation	10-27-33

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) ..... Gen. Hospital

E 94714

D. B. 1268-9

4711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 131

CITY OF BALTIMORE: (No. Lafayette & Dukeland St.? 1661 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, or town where death occurred ....yrs. ....mos. 7 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ethel Hann

(a) Residence: No. Fullerton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hann

7. DATE OF BIRTH (month, day, year) Sept 3, 1895

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John H Cushing

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Jane Eyler

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Husband Fullerton, Md.
(Address)

BURIAL, CREMATION, OR REMOVAL Reported Jones Funeral Home Date 29 1933

UNDERTAKER C. H. Jones & Son
(Address) Jonestown Md

1933 Huntington Williams, M.D.
(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/19 1933 to 10/26 1933

I last saw h.. alive on 10/26 1933. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic Heart Disease.	?
2. Chronic Glomerulo-Nephritis	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jean Ashman M. D.

(Address) West Balto. Gen. Hosp.

E 94715

B. H. 1268-9

4715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: No. 216 Whatcoat St., 16-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Helen Louisa Brown

(a) Residence: No. 1216 Whatcoat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Sept 14 93

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Davis
(State or country)

13. NAME Elizabeth Brown

14. BIRTHPLACE (city or town) Guilford Md
(State or country)

15. MAIDEN NAME Richard Davis

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Pearl Brown
(Address) 1216 Whatcoat

BURIAL, CREMATION, OR REMOVAL
Place Universal Md Date Oct 27, 19 33

UNDERTAKER
Address

FILED Oct 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
2 Days	
Other contributory causes of importance:	
Whooping Cough	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek, M. D.
Coroner
(Address)

E 94716

I. D. B. 1268-0

94716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hospitals 77-01 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Ricktar

(a) Residence: No. 723 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Ricktar (Dead)

DATE OF BIRTH (month, day, year) July 1 - ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME C. Louis Ricktar

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna Patterman

16. BIRTHPLACE (city or town) (State or country) Portland Me.

INFORMANT Friends

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 10/28/33, 19

UNDERTAKER John J. Fahey & Sons

(Address) 1318 Light St.

1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Oct. 26, 1933.

I last saw him alive on Oct. 26, 1933. Death is said to have occurred on the date stated above, at 7:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Primary	?
Nephritis, arteriosclerotic	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magill, M. D.

(Address) Balt. City Hosp.

H. D. B. 1268-9

E 94717

4717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V X107-001

1. PLACE OF DEATH — Sykesville Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Florence Hook

(a) Residence: No. 720 Ingleside ave, Catonsville Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) May 19, 733

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Catonsville Md

13. NAME (Parents) Chas E Hook

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Bertha Bongle

16. BIRTHPLACE (city or town) (State or country) Mobile Alabama

INFORMANT father

(Address) 720 Ingleside ave. Catonsville.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/30 1933

UNDERTAKER Wm Cook

(Address) 1217 E Fayette St.

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1933 to Oct 27 1933

I last saw h[illegible] alive on Oct 27 1933. Death is said to have occurred on the date stated above, at 8.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia (Medical)	Oct 13
Scarlet fever (Streptococcus)	Oct 24
Bronchopneumonia	Oct 26

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lachman, M. D.

(Address) Sykesville Md

D. B. 1268-9

(Burden)

E 94718

94718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Burden

(a) Residence: No. 5 Druid Alley St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	- -	- -	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Durham
(State or country) N C

13. NAME Anderson Burden

14. BIRTHPLACE (city or town) N C,
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) N C
(State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 27 19 33

UNDERTAKER
(Address)

FILED 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22. 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/6/33, 19 33 to 10/22, 19 33
I last saw h[illegible] alive on 10/23, 19 33 Death is said to have occurred on the date stated above, at 12:35 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colic Myelitis of Urb	3 mos.
Other contributory causes of importance:	
Bronchopneumonia	3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. R. Bowen M. D.

(Address) Bolton City Hospital

D. B 1268-9

E 94719

HEALTH DEPARTMENT—CITY OF BALTIMORE

719

CERTIFICATE OF DEATH

V 35

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Balto city W 21-01 Ward)

ngth of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Smiley

(a) Residence: No. Cambridge Md St., Ward.
(Casual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) 3/12/1901

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Cambridge Md
(State or country)

13. NAME Edward Smiley

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Lizzie Cannon

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Universal Md Date Oct 27, 1933

UNDERTAKER (Jos. H. Kreiner Health.

(Address) Huntington Ave Md

Registrar.

1933-0

0558

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1933, to 10/22, 1933

I last saw him alive on 10/22, 1933 Death is said to have occurred on the date stated above, at 4:30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3 hrs.

Other contributory causes of importance: Myocardial degeneration 6 mo

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Bourne M. D.

(Address) Balto city Md

Co. 5-31 250B

E 94720

HEALTH DEPARTMENT—CITY OF BALTIMORE

4720

CERTIFICATE OF DEATH

92-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4702 Delaware Ave. 27-01 Ward)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Georgie Sledge Williams

(a) Residence: No. 4702 Delaware ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Williams F. Williams

6. DATE OF BIRTH (month, day, year) Aug 8 1850

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
83	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warrenton
(State or country) N. C.

13. NAME OF FATHER George R. Sledge

14. BIRTHPLACE (city or town)
(State or country) North Carolina

15. MAIDEN NAME OF MOTHER Fannie Fleming

16. BIRTHPLACE (city or town)
(State or country) North Carolina

17. INFORMANT Mrs. G. G. Reis
(Address) 4702 Delaware ave

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet Cemetery Date Oct 28, 1933

19. UNDERTAKER Chas. G. Black
(Address) 740 N. Fremont ave

Filed ... 19... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1933, to Oct 26, 1933

I last saw her alive on Oct 26, 1933 death is said to have occurred on the date stated above, at 11:02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	?
Other contributory causes of importance:	
Arteri Sclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. D. Gilbert M. D.

(Address) 4803 Park Heights Ave

D. B. 1268-9

4721

E 94721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

. PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital 27-01 St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jane Patchet

(a) Residence: No. 3814 White ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie M. Patchet

ATE OF BIRTH (month, day, year) Feb. 22 1867

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	4	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

. Date deceased last worked at this occupation (month and year)

1. Total time (years) spent in this occupation 30 yrs

BIRTHPLACE (city or town) (State or country) Md.

3. NAME Unknown

4. BIRTHPLACE (city or town) (State or country) Unknown

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Sadie M. Patchet

(Address) 3814 White ave.

URIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Oct 30 1933

NDERTAKER Wm. C. Black

(Address) 147 N. Broadway

Huntington Williams, N.Y. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1933 to 10/26 1933

I last saw h. alive on 10/26 1933. Death is said to have occurred on the date stated above, at 9:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Prostatic Hypertrophy	
Terminal Pneumonia	10/25/33

Other contributory causes of importanre:

Name of operation Prostatic Resection Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. E. Hay M. D.

(Address) University Hospital

D. B. 1268-9

E 94722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1722 ✓ 176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-6 Ward)

2. Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

3. FULL NAME Mrs. Mary Heller

(a) Residence: No. 2816 Hamilton ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Allen B. Heller

6. DATE OF BIRTH (month, day, year) Mch. 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quakertown Penna

13. NAME OF FATHER Wm Landis

14. BIRTHPLACE (city or town) (State or country) Quakertown Penna

15. MAIDEN NAME OF MOTHER Isabelle Beaton

16. BIRTHPLACE (city or town) (State or country) Quakertown Penna

17. INFORMANT Allen B. Heller

(Address) 2816 Hamilton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date Oct. 30 1933

19. UNDERTAKER Wm. G. Blake & Co.

(Address) 422 N. Broadway

20. FILED 1933 Huntington Millquist, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1933 to Oct 27 1933

I last saw h.. alive on Oct 27 1933. Death is said to have occured on the date stated above, at 1.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cholecystitis & Cholelithiasis	
Empyema Gallbladder	
Perforated Gallbladder	
Peritonitis Edema	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of Oct 21 1933

What test confirmed diagnosis? Op. & Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1268-9

E 94723

HEALTH DEPARTMENT—CITY OF BALTIMORE

1723

CERTIFICATE OF DEATH

93-003

28-01

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4904 Woodside Road St. 28 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Katherine M. White

(a) Residence: No. 4904 Woodside Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 14-1848

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) W. Va.
(State or country)

13. NAME Daniel S. White

14. BIRTHPLACE (city or town) W. Va.
(State or country)

15. MAIDEN NAME Elizabeth C. Doll

16. BIRTHPLACE (city or town) W. Va.
(State or country)

INFORMANT George S. Biehl
(Address) 319 Broxton Road

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct. 28, 1933

UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933 to Oct. 27, 1933

I last saw her alive on Oct 24, 1933 Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	Jan 1, 33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Eugene L. Persons M. D.

(Address) 514 Drury Lane

D. H. 1268-9

✓ M E 94724

94724 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH × 210-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lewis Edward Burgess

(a) Residence: No. 21 Dundalk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Oct 10, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weight clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Madison

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lewis Burgess Jr.
(Address) 21 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 28. 1933

19. UNDERTAKER J Melville Jenkins
(Address) 52 Dundalk Ave
Huntington Williams 27

1933 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Unknown, 19 ... to ... 19 ...
I last saw h alive on Unknown, 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident — Date of ✓

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 26. 1933
Where did injury occur? Dundalk & St Helena Aves
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto Truck
Nature of injury Fracture Base Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Joseph Pokorny Coroner, M. D.
(Address) 2100 E. Monument St

D. B. 1268-9

✓ E 94725

725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-01 Ward)

ngth of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Harris

(a) Residence: No. 1927 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Harris

DATE OF BIRTH (month, day, year) Feb. 15, -?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 ?	8	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Dennwoodie Va.

13. NAME Wades Harris

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Polly ?

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Peters Burg Va Date Oct 28, 1933

UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

1933 Huntington Williams NTT

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1933, to Oct 20, 1933

I last saw h.am alive on Oct 25, 1933 Death is said to have occurred on the date stated above, at 12 N

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach ?	?
Syphilis, Tertiary	?

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) I Phagel, M. D.

(Address) Balt City Hosp.

D. B. 1268-0

4726 E 94726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1954 N. Gay St. 8-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Litilda Bennett

(a) Residence: No. 1954 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis I. Bennett

ATE OF BIRTH (month, day, year) 1852

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	81			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Charwoman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Robert Jackson

. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

. MAIDEN NAME Mary Stanford

. BIRTHPLACE (city or town) (State or country) England.

FORMANT Mary Myers

(Address) Oxford, Md.

RIAL, CREMATION, OR REMOVAL

Pla Baltimore Date 10/28/33

NDERTAKER J. M. Cook

(Address) 1217 St Paul St

1933 Huntington Williams NEF

LED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about 9.00 P.M.

The principal cause of death and related causes of importance were as follows:

Shock- Burns over body — Date of onset Oct 26/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 26/33

Where did injury occur? 1954 N. Gay St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Propably clothing caught from

Manner of injury small 2 burner coal oil

Nature of injury cooking stove in kitchen

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) J. H. Haus Coroner, M. D.

(Address) 508 E. North Ave

. D. B. 1268-9

94727

✓ E 94727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. U. S. Marine Hosp St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertie S Shores

(a) Residence: No. 1635 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ada Benton S Shores

DATE OF BIRTH (month, day, year) Nov 25, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain of boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat 080

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Deals Island, Md

13. NAME Zachariah S Shores

14. BIRTHPLACE (city or town) (State or country) Somerset Co, Md.

15. MAIDEN NAME Tabitha Windsor

16. BIRTHPLACE (city or town) (State or country) Somerset Co, Md.

INFORMANT (Address) Mrs J. E. Goslee 1635 N Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 30 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Baltimore, Md.

1933 Apr 28

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933 to Oct 26, 1933

I last saw him alive on Oct 26, 1933. Death is said to have occurred on the date stated above, at 8:28 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1932
Other contributory causes of importance:	
Senile Insufficiency	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Hammond Jr., M. D.

(Address) U. S. Marine Hospital

ec.—9-30—A. & Co.—250 Bks

✓ E 94728

94728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 402 Whitridge Ave ST. 72-01 WARD)

2. FULL NAME Thomas H. Booz

(a) RESIDENCE NO. 402 Whitridge Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

If married, ~~widowed, or divorced~~
HUSBAND of (~~or WIFE of~~) Emily R. Booz

DATE OF BIRTH (month, day, and year) Feb 18th 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Molder 47

(b) General nature of industry, business, or establishment in which employed (or employer): Foundry

(c) Name of employer: Redding Stove Works

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Thomas H. Booz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary C. Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Norton A. Booz
(Address): 919 Forrest Ave

1933 . 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27, 1933

17

I HEREBY CERTIFY, That I attended deceased from Jan , 1933 , to Oct. 27 , 1933

that I last saw h~~im~~ alive on Oct 26 , 1933

and that death occurred, on the date stated above, at 4:25 a m

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic myocarditis, heart failure
Bronchiale ileus 5 wks.

(duration) 2? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis, emphysema
pneumothorax (duration) 20 yrs.? mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? hospital x-ray & laboratory tests

(Signed) Brotherridge M. D.

. 19 (Address) 18 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reading Pa

DATE OF BURIAL: Oct 28 19 33

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St. Paul St.

oc.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 94729

94729

CERTIFICATE OF DEATH

13-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ity of Baltimore: (No. John Hopkins Hosp St., 21-05 Ward)

2-FULL NAME Edward Fuccta

(a) RESIDENCE NO. 1001 So Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 25 # 1933

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		1	2	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Baltimore Md.

10 NAME OF FATHER Joseph Fuccta

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna Kuslavich

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Roma

Informant Mr Joseph Fuccta
(Address) 1001 So Carey St.

Filed 19 Huntington Phillips Registrar
1933

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) 10/27/1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above. 10.30 A.M.

The CAUSE OF DEATH* was as follows:
Dysentery-(type undetermined)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

10/28/33 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL 10/28/1933

20 UNDERTAKER John J Cowan & Son — ADDRESS 901 Hollins St

Co. 5-31 250B

E 94730

HEALTH DEPARTMENT—CITY OF BALTIMORE

4730

CERTIFICATE OF DEATH

94-002

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 142 N. Luzerne St. 6-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Sofia M. Goldbeck

(a) Residence: No. 142 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Goldbeck

7. DATE OF BIRTH (month, day, year) Nov. 26 1870

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER William Wisson

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Miller

(Address) 142 N. Luzerne ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Oct. 30 1933

19. UNDERTAKER J. J. Herr

(Address) 156 N. Luzerne ave.

20. 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1933, to Oct 26, 1933

I last saw h[illegible] alive on Oct 26 1933 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B. Wolfe, M. D.

(Address) 331 E. North Ave

D. B. 1268-9

E 94731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 N. Mulberry St. 17-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Sarah E. Spencer

(a) Residence: No. 744 N. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Middletown Md

9. NAME OF FATHER Peters

BIRTHPLACE (city or town) (State or country) Va

10. MAIDEN NAME OF MOTHER Victoria Peters

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Edna Hackett

(Address) 744 N. Mulberry St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Oct 28 1933

UNDERTAKER Bernard P. Hornsby

(Address) 848 Druid Hill Ave

Huntington Hollows, Md.

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933 to Oct 25, 1933

I last saw h.. alive on Oct 25, 1933 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	?

Other contributory causes of importance:

Acute Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edw. J. Shelley M. D.

(Address) 1230 Druid Hill Ave

D. H. 1268-9

✓ E 94732

HEALTH DEPARTMENT—CITY OF BALTIMORE

1732

CERTIFICATE OF DEATH

198

1. PLACE OF DEATH Md Penitentiary

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 954 Forest St. 10-01 Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Enel Lee - col

(a) Residence: No. 954 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1873 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

INFORMANT Md Penn, 954 Forest St.
(Address)

BURIAL, CREMATION, OR REMOVAL Pikesville Date Oct 28 1933

UNDERTAKER Bernard F. Eagsley
(Address) 818 Edmondson Ave Baltimore Md

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from January 29th, 1932, to October 27th 1933

I last saw him alive on October 27th, 1933. Death is said to have occurred on the date stated above, at 12.17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of 5th Cervical Vertebrae	

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Fawcett, M. D.

(Address) 3012 Northwood Drive

H. D. B 1268-9

94733

✓ E 94733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Eutaw Place St. 11-01 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geraldine F. Lewis

(a) Residence: No. 1317 Eutaw Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 1, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Stanley Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Emma James

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Lewis

(Address) Delaware

18. BURIAL, CREMATION, OR REMOVAL

Place Parkton Md Date Oct 29 19 33

19. UNDERTAKER M E Hodgson & Sons

(Address) 847 W Baltimore St

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933 to Oct. 27, 1933

I last saw her alive on Oct. 27, 1933 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	

Other contributory causes of importance:

Myocardial Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Blumrock M. D.

(Address) 521 Med Arts Bldg.

1933

B. 1268-9

✓ E 94734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1532 Hollins St. St., 19-01 Ward)

th of residence in city or town where death occurred 64 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles H. Keehner.

(a) Residence: No. 1532 Hollins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, XXXXXXXXXXX
USBAND of XXXXXXX Margaret Keehner.

TE OF BIRTH (month, day, year) June 24, 1869

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	4	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Gotlieb Keehner.

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Caroline Kuhn.

BIRTHPLACE (city or town) (State or country) Germany.

FORMANT Margaret Keehner, (wife)
(Address) 1532 Hollins St.

RIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 30, 193

NDERTAKER John Leupel
(Address) 801 N. Gilmor St.

8 1933 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h ... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If not specify.

(Signed) Otto H. Reinhardt M. D.
Coroner

10/27/33 (Address) 1017 E. Charles St.

D. B. 1268-9

✓ E 94735

HEALTH DEPARTMENT—CITY OF BALTIMORE

4735

CERTIFICATE OF DEATH

X 93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6577 St. Helena Ave 26-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME August Benser

(a) Residence: No. 6577 St. Helena Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced, HUSBAND of (or WIFE of) Elvina Benser

6. DATE OF BIRTH (month, day, year) Feb. 19 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elma Roberts

(Address) 6577 St. Helena Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loppa Md. Date Oct. 29 1933

19. UNDERTAKER John G. Connelly

(Address) Govy Md.

19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23d, 1930, to October 26th, 1933

I last saw him alive on October 26th, 1933. Death is said to have occurred on the date stated above, at 1 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Myocarditis and myocardial degeneration	2

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Glendale, Md.

. B. 1268-9

E 94736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

736

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 2734 Hoy St. 12-21 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Irlene D. Smith

(a) Residence: No. 2734 Hoy St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
4	C	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) July 14-1932

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	15 3	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto Md

NAME Howard Smith

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Julet X. Gaston

BIRTHPLACE (city or town) (State or country) Balto Md

FORMANT Howard Smith

(Address) 2734 Hoy do

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10-28 193

NDERTAKER Raymond Corcoran

(Address) 916 Hunting Ton Ave

28 1933 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... Specify ...

Signed John D. Mowbray M. D.

(Address) 3612 Iceland Ave Coroner

D. B. 1268-9

✓ E 94737

HEALTH DEPARTMENT—CITY OF BALTIMORE

4737

CERTIFICATE OF DEATH

23

. PLACE OF DEATH Baltimore City Hospitals (Th.) 12-01

TY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Wilbur Wise

(a) Residence: No. 2434 Oak st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Stella Wise

ATE OF BIRTH (month, day, year) March 5, 1897 ?

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	7	21	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod carrier

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

. Date deceased last worked at this occupation (month and year) Unknown | 11. Total time (years) spent in this occupation Unknown

IRTHPLACE (city or town) (State or country) Virginia

3. NAME George Wise

4. BIRTHPLACE (city or town) (State or country) Virginia

5. MAIDEN NAME Semoore Savage

6. BIRTHPLACE (city or town) (State or country) Virginia

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place National Cem. Date 10-28 1933

NDERTAKER Daniel Farber
(Address) 466 So. Carey

28 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12 1933 to Oct. 26 1933

I last saw him alive on Oct. 26 1933. Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown.
Other contributory causes of importance:	
Tuberculous meningitis	10 da

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

L 94738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-L 94738

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., W-ed Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Ida Lucas

(a) Residence: No. 735 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 070

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Arthur ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Beulah Simpson

(Address) 318 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Oct 28th 1933

19. UNDERTAKER Certificated C. Geddis

(Address) 1618 Eutaw St.

20. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-16-29 to 10/27 1933

I last saw h[illegible] alive on 10/27 1933. Death is said to have occurred on the date stated above, at 3 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Enteroptosis	?
b. Hypotension	?
c. Emphysema	?
d. Chronic bronchitis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robert A Reder M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94739 E 94739

CERTIFICATE OF DEATH

93-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-01 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Canitz

(a) Residence: No. 735 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Canitz

6. DATE OF BIRTH (month, day, year) Apr 5. 1874

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
59	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) 4 33 11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Fredk Canitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Meyers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Strobel

(Address) 3019 Westfield Ave

18. BURIAL, CREMATION OR REMOVAL

Place Oak Lawn Date Oct 30th 1933

19. UNDERTAKER Lahr Memorial

(Address) 2001 Pulaski St

20. FILED 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1933 to Oct 27 1933

I last saw h.m. alive on Oct 27 1933 Death is said to have occurred on the date stated above, at 6.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intercurrent Coronary Thrombosis	
Chronic Myocarditis	
Cardiac Decompensation	1 yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry B. Mathorer M. D.

(Address) Sinai Hospital

D. F. 1268-9

E 94740

1740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (Baltimore City Hospitals St., 18-A Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Bertha Smith

(a) Residence: No. 1209 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

13. NAME Joshua Smith

14. BIRTHPLACE (city or town) (State or country) Balt. Co Md.

15. MAIDEN NAME Annie Clayton

16. BIRTHPLACE (city or town) (State or country) Balt. Co Md.

17. INFORMANT Friend

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date Oct. 28, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 22 N. Carey St.

20. FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933 to Oct. 25, 1933

I last saw her alive on October 25, 1933. Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, syphilitic	?
c aortic insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Phagel M. D.

(Address) Balt. City Hosp.

D. B. 1268-9

E 94741

4741

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 51

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St., Ward)

gth of residence in city or town where death occurred ... yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Philip Atherton

(a) Residence: No. Riverside Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida ...

DATE OF BIRTH (month, day, year): unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 55			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

8. Date deceased last worked at this occupation (month and year): ... | 11. Total time (years) spent in this occupation: ...

9. BIRTHPLACE (city or town) (State or country): unknown

10. NAME: unknown

11. BIRTHPLACE (city or town) (State or country): unknown

12. MAIDEN NAME: unknown

13. BIRTHPLACE (city or town) (State or country): unknown

INFORMANT: Hospital Records
(Address)

BURIAL, CREMATION OR REMOVAL
Place Riverside Md Date Oct. 28 1933

UNDERTAKER: Merritt & Ryon
(Address) Washington Blvd. Huntington Station, N.Y.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19 1933 to 10/27 1933

I last saw him alive on 10/27 1933 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia 2 Paralytic 3 Terminal Pneumonia	10/26/33

Other contributory causes of importance:

Recent tumor Ulcer	1

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) P. Richard Taylor M. D.

(Address) University Hospital

B. 1268-9 E 94742

E 94742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH 3rd Fell St Munaring-01

Y OF BALTIMORE: (No. On Board Steamer St., Ward)

th of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Captain George Alfred Best

(a) Residence: No. Newton Mass St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mle	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Marion J Best

TE OF BIRTH (month, day, year) July 27 1871

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	3		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamboat

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation ...

IRTHPLACE (city or town) England
(State or country)

NAME Mary Best

BIRTHPLACE (city or town) England
(State or country)

MAIDEN NAME Elizabeth

BIRTHPLACE (city or town) England
(State or country)

FORMANT Marion Best
(Address) 30 Churchill St Newton Mass

RIAL, CREMATION, OR REMOVAL
Place Boston Mass Date Oct 29 1933

NDERTAKER John C. Butler
(Address) 2458 E. Lanvale St

ND 1933 Huntington Williams Mass
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Peter J. Fahey M. D. M. D.
Coroner

(Address) 1305 N. Pulaski St Apt 2

D. B. 1268-9 E 94743 E 94743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5707 York Road St. 27-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Howard Chester Foreman

(a) Residence: No. 5707 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Howard C. Lewis Foreman

6. DATE OF BIRTH (month, day, year) August-7-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Leander Forman

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Isabella Ingram

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs. Howard C. Foreman (wife)

(Address) 5707 York Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Oct 30 33 19

19. UNDERTAKER Stewart & Mowris Co

(Address) 102 W. North Ave.

20. FILED Oct 30 19 33 [illegible] Registrar

OCT 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 19 33 to October 28 1933

I last saw him alive on October 27 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	3 yrs
Other contributory causes of importance:	
Cerebral Hemorrhage	4 days

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) John M. Gehle M. D.

(Address) 2454 Maryland Ave

D. B. 1268-2

E 94744

E 94744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3507 Copley Road St. 15-01 Ward)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Joseph Clement Browne

(a) Residence: No. 3507 Copley Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Genevieve C. Brown

DATE OF BIRTH (month, day, year) July-12-1889

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
44	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. L & P

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Tel. Co.

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New Brunswick N. J.

13. NAME Mathew Brown

14. BIRTHPLACE (city or town) (State or country) ? Ireland

15. MAIDEN NAME Margaret Manning

16. BIRTHPLACE (city or town) (State or country) Bristol Penna

17. INFORMANT Mrs. Genevieve C. Brown

(Address) 3504 Copley Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Albany N. Y. Date Oct-31/33 19

19. UNDERTAKER Stewart & Mowen Co.

(Address) 108-10 North Avenue

FILED 1933 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 . 1933 to Oct 27 . 1933

I last saw h... alive on Oct 27 . 1933 Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocardial	
Heart Block.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? 11-28-33 If so, specify ...

(Signed) Wm. J. Queen M. D.

(Address) 552 Lexington Blvd

D. B. 126-48 E 94745 Pogorelskin E 94745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Pogorelskin

(a) Residence: No. 3802 Cottage Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tamer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Russia

14. INFORMANT Hospital Records

(Address)

15. BURIAL, CREMATION, OR REMOVAL 10-29-33

Place Rosedale Date ..... 19....

16. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Balto St.

FILED ..... 19.... Registrar

126 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1933 to October 27 1933

I last saw him alive on October 27 1933 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	Sept 24

Other contributory causes of importance:

Hypertrophy of Prostate	Jan, 1933
Nephritis ?	

Name of operation Prostatic Resection Date of Sept 1933

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

D. B. 1268-9 E 94746

E 94746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 N. Caroline St., 10-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Rebecca Goldstein

(a) Residence: No. 1208 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Abraham

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME Brena

13. BIRTHPLACE (city or town) (State or country) Russia

14. INFORMANT Jack Lewis
(Address) 1439 E. Balto St.

15. BURIAL, CREMATION, OR REMOVAL
Place Levindale Cemetery Date 10/29/33 19...

16. UNDERTAKER Sol Levin & Bro.
(Address) 1158 E. Balto St.

17. FILED ... 19..., ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 19 33 to Oct 29 19 33

I last saw h... alive on Oct 28 19 33 Death is said to have occurred on the date stated above, at 8:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 25/33

Other contributory causes of importance:

Hypertension	5 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Samuel Levinthal M. D.

(Address) 1815 Eutaw Pl.

D. B. 1268-9 E 94747

17566 E 94747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 34

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 7-21 Ward)

rth of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mathie Jackson

(a) Residence: No. Edgemere Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Dallas

TE OF BIRTH (month, day, year) Unknown

SE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W. 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Ga

. NAME Dan Reynolds

. BIRTHPLACE (city or town) (State or country) Ga

. MAIDEN NAME Laura Stevens

. BIRTHPLACE (city or town) (State or country) Ga

FORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Asbury Date Oct. 29 1933

NDERTAKER Sam'l. W. Grace & Son
(Address) 608 N. Gilmor

LED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1933, to Oct 26, 1933

I last saw h.er alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 705 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, bronchial type	about 3 mo. 1933

Other contributory causes of importance:

Syphilis, latent	2

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. D. Stitt M. D.

(Address) Johns Hopkins Hospital

D. B. 1268 E 94748

E 94748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1509 N.Eden St. St., 9-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine B.Catrup,

(a) Residence: No. 1509 N.Eden St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel P.Catrup,

DATE OF BIRTH (month, day, year) March 22.1845

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Westmoreland Co. Virginia

13. NAME Stephen G.Bailey,

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Harriett A.Brown,

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Geo. C. Philpot

(Address) 1509 N.Eden St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date OCT 31 1933 19....

UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED OCT 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 28 1933 19....

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Oct 28. 1933

I last saw h.. alive on Oct 28 1933. Death is said to have occurred on the date stated above, at 3,30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo W Fleming M. D.

(Address) 1819 St Paul St

E 94749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94749

56

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 418 N. Eden ST., 5-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Scott Westcott

(a) RESIDENCE NO. 418 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

married, widowed, or divorced (HUSBAND) of Sarah Westcott (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer) War Veteran

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Petite Hampton Co., Va.

10 NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (city or town) (State or country) unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Information Celesa Westcott

(Address) 418 N. Eden

11 Filed 6 1933 12 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/26 1933

17 I HEREBY CERTIFY, That I attended deceased from 9-7 1933, to 10-26 1933, that I last saw h[illegible] alive on 10-26 1933, and that death occurred, on the date stated above, at 7:45 A. m.

The CAUSE OF DEATH* was as follows: Acute Rheumatic Fever

Toxemia, Nephritis with Uremia.

(duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Indefinite

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Signs & Symptoms

(Signed) Conrad R. Stahl M. D.

10/29 1933 (Address) 924 Haywood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL 10/30 1933

20 UNDERTAKER Mrs Chas G Bailey — ADDRESS 121 Jefferson St

D. B. 1268-1 E 94750

E 94750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 93-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rebecca Blitzman

(a) Residence: No. 2338 Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer Blitzman ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Baer Carmel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Fannie Abrahams

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Date Oct 29 1933

Place Sollo Hebrew Cemetery

19. UNDERTAKER Sol Levinson & Bro

(Address) 1122 E Balto St.

20. FILED Huntingtown Williams NP

OCT 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1933 to Oct 28 1933

I last saw her alive on Oct 28 1933 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Proger M. D.

(Address) Balt City Hosp

H. D. B. 1268-9 E 94751

E 94751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 E. Lafayette Ave St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Bell

(a) Residence: No. 430 E. Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Adelbert T. Bell

6. DATE OF BIRTH (month, day, year) Feb. 5, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Hodges

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

15. MAIDEN NAME Amanda McCleary

16. BIRTHPLACE (city or town) (State or country) -------- Virginia

17. INFORMANT Miss Mary C. Bell

(Address) 430 E. Lafayette Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 10/30 1933

19. UNDERTAKER Hagerty & Meakes and Son

(Address) 205 W. Baltimore St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from Octobr 23 1933 to Octobr 28 1933

I last saw h. alive on Octobr 28 1933 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
old age	
Arteriosclerosis	
Other contributory causes of importance:	
Heart failure	Oct 23

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reginald D. Tonry M. D.

(Address) 414 S. North Ave

. B. 1268-9 E 94752 ✓ E 94752

8053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 11-01 St., Ward)

th of residence in city or town where death occurred 63 yrs. 10 mos. 15 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

FULL NAME William J. Hartigan

(a) Residence: No. 508 Cathedral St., Ward. 11 C 11

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, year) 12-12-69

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md

. NAME Malacai Hartigan

. BIRTHPLACE (city or town) (State or country) Ireland

. MAIDEN NAME Annie Nash

. BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place St. Joseph's Cem Date 10/30 1933

NDERTAKER Henry H. Mearns Son

(Address) 80 N. Calvert St.

LED Hunter, Taylor & Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-19 1933 to Oct 27 1933

I last saw him alive on Oct 27 1933 Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral tuberculosis of Kidneys	1923 ?
& extensive abscess in left kidney	
& large perineal tuberculous abscess, left.	1933

Other contributory causes of importance:

Name of operation Resection of perineal abscess Date of 6/20/33

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

E 94753

E 94753

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 526 E. 21st. St., 9-01 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary S. Smith

(a) Residence: No. 526 E. 21st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced (HUSBAND of or) WIFE of J. Samuel Smith

7. DATE OF BIRTH (month, day, year) Nov. 12, 1844.

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	11	16	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Virginia

11. NAME OF FATHER John Thomas

12. BIRTHPLACE (city or town) (State or country) Virginia

13. MAIDEN NAME OF MOTHER Mary Jane Diggs

14. BIRTHPLACE (city or town) (State or country) Virginia

15. INFORMANT Carlton S. Thomas

(Address) 526 E. 21st. St.

16. BURIAL, CREMATION, OR REMOVAL

Place Balto. Com. Date Oct. 30, 1933

17. UNDERTAKER Wm. E. Black

(Address) 927 N. Broadway

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28/, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/17/, 1933, to 10/28/, 1933

I last saw h[illegible] alive on 10/28/, 1933. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	10/27/33
Auricular Fibrillation	10/27/33

Other contributory causes of importance:

Arteriosclerosis	?
Myocarditis	10/17/33

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas J. White, M. D.

(Address) 532 E. 22nd St.

E 94754

E 94754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Druid Hill St., 14-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elias Taylor

(a) Residence: No. 630 W Lafayette St., 17 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	2	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Co

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Edw Taylor.

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elsie Waddy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elsie Taylor

(Address) Granger N.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 10/29/33 19...

19. UNDERTAKER Mrs George R. Hollan

(Address) 16 W Dreyd St

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 21st
Ruptured Intestines	
(Other contributory causes of importance) Was playing foot ball.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? Druid Hill Pk
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Beck M. D.
Coroner

(Address) ...

D. B. 1268-9

E 94755

E 94755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St., 16-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred unk yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Emmanuel

(a) Residence: No. 932 Woodyear st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

8. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

9. BIRTHPLACE (city or town) (State or country) West Indies

10. NAME John Emmanuel

11. BIRTHPLACE (city or town) (State or country) Madeira

12. MAIDEN NAME Helen

13. BIRTHPLACE (city or town) (State or country) West Indies

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place Saint Agnes Date Oct 19 1933

UNDERTAKER John F. Fahy & Son

(Address) 6318 Light St

FILED Oct 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1933 to Oct. 23, 1933

I last saw him alive on Oct. 23, 1933 Death is said to have occurred on the date stated above, at 2.55 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Pulmonary tuberculosis	Aug. 1933
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

B. 1268-9 E 94756 ✓ E 94756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

th of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs., mos. ds.

FULL NAME Helen Capps

(a) Residence: No. 2804 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	M

married, widowed, or divorced
HUSBAND of (or) WIFE of W. T. Capps

TE OF BIRTH (month, day, year) June 2, 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	4	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Virginia

. NAME William Jarvis

. BIRTHPLACE (city or town) (State or country) Virginia

. MAIDEN NAME Rachel Protchard

. BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Lucy,
(Address) 2804 Clifton Ave

URIAL, CREMATION, OR REMOVAL Norfolk Va Date 10/29 19 33

Place Maddox

NDERTAKER Funeral Home
(Address) 1217 Eutaw St

LED 19 Registrar

~~Removed from Baltimore, Md~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1933 to Oct 28 1933

I last saw her alive on Oct. 28 1933 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	not known

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sheldon Westland M. D.

(Address) Med Arts Bldg, Balto. Md

D. P. 1268-9 E 94757 ✓ E 94757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

gth of residence in city or town where death occurred ..yrs. 1 mo. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME Richard (Lowenberg) Loewenberg

(a) Residence: No. 108 Hudson St. Hoboken N. J. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kennedy Loewenberg

ATE OF BIRTH (month, day, year) May 21-1865

GE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
68	5	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Race Track Clerk

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 509

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Hoboken N. J.

10. NAME Joseph Loewenberg

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Hopkins Hake

13. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Mark Loewenberg

(Address) 108 Hudson St. Hoboken N. J.

BURIAL, CREMATION, OR REMOVAL

Place Hoboken N. J. Date Oct 30 1933

UNDERTAKER H. J. Tiedeken & Sons

(Address) West 41st St

FILED Oct 29 1933 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1933 to Oct 29 1933

I last saw h. m alive on Oct 29 1933 Death is said to have occurred on the date stated above, at 11 ½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct. 19, 33
Other contributory causes of importance:	
Second Attack	Oct 29/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milford H. Specher M. D.

(Address) University Hospital

E 94758

. D. B. 1268-9

E 94758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

ITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 2401

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Leo M. Dwyer

(a) Residence: No. 3717 Greenmount Ave, St., Baltimore Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Leo Dwyer

DATE OF BIRTH (month, day, year) Aug 26, 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36 years	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Charles A. Dwyer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Julia Hanly

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Wife

(Address) above

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date 10/30/ 1933

UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

FILED OCT 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933. to Oct 27, 1933.

I last saw him alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

cardiac failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Booth Settle M. D.

(Address) Union Memorial Hospital

B. B. 1268-9 E 94759 E 94759

8228 HEALTH DEPARTMENT—CITY OF BALTIMORE

Med. V 34

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 10-01 Ward)

rth of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Queen Smith

(a) Residence: No. 918 Eutaw St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	male black	single

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, year) ? 1894

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Virginia

. NAME unknown

. BIRTHPLACE (city or town) (State or country) Virginia

. MAIDEN NAME Ida Copeland

. BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

IRIAL, CREMATION, OR REMOVAL

Place Holland Date Oct 30 1933

NDERTAKER Mitn Davis

(Address)

M.D. [illegible] Physician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1933 to Oct 26 1933

I last saw her alive on Oct 26 1933 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Yellow atrophy of the liver, due to	9/12/33
complications pernicious	
toxaemia,	2 10/20/33
Other contributory causes of importance:	
syphilis, latent	2

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

E 94760

D. B 1268-9

E 94760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V107-002

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 18-01 Ward)

rth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Benjamin Cole

(a) Residence: No. 909 Bennett Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Dec. 16, 1932

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland

. NAME James Cole

. BIRTHPLACE (city or town) (State or country) Md.

. MAIDEN NAME Essie Montague

. BIRTHPLACE (city or town) (State or country) Md.

FORMANT Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 30, 1933

NDERTAKER Mrs. Kate R. Williams
(Address) 322 E. Lanvale St.

LED Oct 30 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1933 to Oct. 27, 1933

I last saw h.i.m. alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Capillary bronchitis	Oct 22

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Manuel S. Hight M. D.

(Address) Johns Hopkins Hospital

E 94761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94761

CERTIFICATE OF DEATH

Registered No. 18258 9

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. 18-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Charles Mahmud

(a) Residence: No. 2291 Ramty St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) 8/4/32

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	14	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

. NAME Jachiah Mahmud

. BIRTHPLACE (city or town) (State or country) N C

. MAIDEN NAME Mattie Spruill

. BIRTHPLACE (city or town) (State or country) N C

NFORMANT Rennalo

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 30, 1933

NDERTAKER Mrs. Katie R. Williams

(Address) 322 S. Broadway St.

ILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933 to Oct 27, 1933

I last saw h... alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Pertussis	..

Other contributory causes of importance:

Tetany	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Magnus L. Heglet M. D.

(Address) Johns Hopkins Hosp.

B. 1268 E 94762 E 94762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 754 Edgewood St. 16-01 Ward)

gth of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ruth Houzer Justi

(a) Residence: No. 754 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Earl W. Justi

ATE OF BIRTH (month, day, year) October 5, 1900

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	0	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Lewistown Md.
10. NAME Lee W. Morgan
11. BIRTHPLACE (city or town) (State or country) Maryland
12. MAIDEN NAME Nannie Smith
13. BIRTHPLACE (city or town) (State or country) Thurmont Maryland
14. INFORMANT Mr. Earl W. Justi
(Address) 754 Edgewood St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 30 1933

15. UNDERTAKER Wm. J. Tschudy & Son
(Address) North & Pa Ave.

16. FILED 10/31/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1932 to Oct 27, 1933
I last saw her alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 11:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis — chr	1930
Myocarditis —	6 mos ago
Other contributory causes of importance: pulmonary edema	10/24/33

Name of operation none Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. L. Kemp M. D.
(Address) 3030 Edmondson Ave.

E 94763

E 94763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1043 Ashburton St., 16-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles A. Warfield

(a) Residence: No. 1043 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta M. Warfield

DATE OF BIRTH (month, day, year) April 14, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt., Q

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Agr. Chem Co.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co.

NAME Joshua Warfield

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Sarah Jess

BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Russell A. Warfield
(Address) 2449 Barclay St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 30 1933

UNDERTAKER Wm. J. Tschudy & Son
(Address) North & Pa Ave.

FILED 19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7th 32 to Oct 27th 33

I last saw him alive on Oct 27th 33. Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Dec 1932

Other contributory causes of importance:

Name of operation Abdominal Perineal Date of Dec 9/32

What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. Thompson M.D. M. D.

(Address) 1201 E. 25th St.

D. B. 1268-9

E 94764

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94764

CERTIFICATE OF DEATH

45

PLACE OF DEATH

Registered No. 21-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5510 Mattfieldt Ave. St., Mt. Washington Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elias Robert Allen

(a) Residence: No. 5510 Mattfieldt Ave., St., Mt. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice A. Allen

DATE OF BIRTH (month, day, year) June 9, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager of farm

Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West Virginia

NAME asked and not known

BIRTHPLACE (city or town) (State or country) asked and not known

MAIDEN NAME asked and not known

BIRTHPLACE (city or town) (State or country) asked and not known

INFORMANT Mrs. Nellie K. Hoffman

(Address) 5510 Mattfieldt Avenue

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Nov. 1, 19 33

UNDERTAKER A. S. Marshall

(Address) 3539 Falls Road

NOV 1933, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933 to Oct 29, 1933

I last saw h[illegible] alive on Oct 28, 1933 Death is said to have occurred on the date stated above, at 10.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Throat	Aug 1933

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 550 N Eden St

B. 1268-9 E 94765 E 94765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 604 S Washington St., 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME James Staniewicz

(a) Residence: No. 604 S Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	

Single, married, widowed, or divorced (HUSBAND of or WIFE of)

DATE OF BIRTH (month, day, year) June 5 1933

Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME OF FATHER Peter Staniewicz

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME OF MOTHER Berta Sowa

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Peter Staniewicz

(Address) 604 S Washington St.

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Oct 30 1933

UNDERTAKER T. W. Ozgowski

(Address) 1930 Eastern Ave

Oct 1933 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Broncho Pneumonia	
Other contributory causes of importance: Whooping Cough	

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B F Herzog M.D. M. D.
Coroner

(Address) 305 N. Patterson Pk Ave

E 94766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94766

CERTIFICATE OF DEATH

v 23

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Gilmor st St. 19-01 Ward)

Length of residence in city or town where death occurred 8 yrs? mos ?ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Estella Thompson

(a) Residence: No. 111 N. Gilmor st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Stacey Thompson

7. DATE OF BIRTH (month, day, year): Aug. 10, 1900

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	17	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07

Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) State or country): Weldon, N.C.

13. NAME: Allen Brickel

14. BIRTHPLACE (city or town) (State or country): N.C.

15. MAIDEN NAME: Helen Bradley ?

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT Address): Stacey Thompson 111 N. Gilmor st.

18. BURIAL, CREMATION, OR REMOVAL: Weldon N.C. Date Oct 30. 1933

19. UNDERTAKER Address): Samuel T. Hensley 325 N. Fulton Ave

1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-27-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st. ? 33, 19..., to Oct. 27th. 33, 19...

I last saw her alive on Oct. 27 1933 death is said to have occurred on the date stated above, at 4.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.C	Jne 1932
Other contributory causes of importance:	

Name of operation: Phy. Exam. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st

B. 1268-9

E 94767

Mayes

E 94767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 92-001

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4504 Kenneck Road (Ward)

(a) Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lillie E Mayes

(a) Residence: No. 4504 Kenneck Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 27 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Store clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) Dec. 1931

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Phoenix, Maryland

NAME Elisha Mayes

10. BIRTHPLACE (city or town) (State or country) Phoenix Maryland

MAIDEN NAME Georgiana Mayes

BIRTHPLACE (city or town) (State or country) Texas Maryland

INFORMANT Miss Eugenia Mayes

(Address) 4504 Kenneck Rd

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Oct 31 1933

UNDERTAKER Wm. C. Brooks & Son

(Address) Sparks, Md.

(12) 1933 (13) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29-33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Hommey M. D. Coroner

(Address) 26 E Preston

D. B 1268-9 E 94768 E 94768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto City Hosp. St. 20-01 Ward)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Whitehead.

(a) Residence: No. 1915 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Mulatto	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Nate Theodore J. Whitehead

ATE OF BIRTH (month, day, year) Abt. 5, 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Laurel, Md.

10. NAME OF FATHER Wm A. Mallonee

11. BIRTHPLACE (city or town) (State or country) Laurel, Md

12. MAIDEN NAME OF MOTHER Eliza Gardner.

13. BIRTHPLACE (city or town) (State or country) Laurel, Md

INFORMANT James Browning, Son
(Address) 1915 Wilkens Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt. River Date 10/31, 1933

UNDERTAKER Henry F. Luthke & Edmondson Ave
(Address) 41-01

FILED 1933 Huntington Pittsburgh, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1933 to 10-28, 1933

last saw h[illegible] alive on 10-29, 1933 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatous from Ca of uterus which was removed	10 yrs. ago.
Cachexia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

D. B. 1269

E 94769

E 94769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T V 95-002

Registered No. 4-01

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Maggie V. Dunn

(a) Residence: No. 2nd Ave. So. Glenburnie Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Austin B. Dunn

DATE OF BIRTH (month, day, year) March 17, 1864

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	7	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 0-9

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md

10. NAME John Walter

11. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. MAIDEN NAME Mary E. Hobbs

13. BIRTHPLACE (city or town) (State or country) Md

14. INFORMANT Austin B. Dunn

(Address) Glenburnie Md

15. BURIAL, CREMATION, OR REMOVAL

Place Sandy Spr Date 10/31 1933

16. UNDERTAKER Harry H. Wirtzbe

(Address) 916 Edmondson Ave

17. Filed 10/31 1933 by Wm. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1933 to Oct. 28 1933

I last saw her alive on Oct. 28 1933 Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

Hypertension cardio-vascular disease with probable cerebral hemorrhage — Date of onset:

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Milford H. Pearlman M. D.

(Address) University Hospital.

D. H. 6 (2680)

E 94770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 117-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Bello City Hospital Ward)

gth of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Wm. E. Kelly.

(a) Residence: No. 246 S. Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora Kelly.

ATE OF BIRTH (month, day, year) Feb. 15 1867

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	8	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bello City 030

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Bello Md.

9. NAME Edward Kelly.

10. BIRTHPLACE (city or town) (State or country) Bello Md.

12. MAIDEN NAME Harriet Harris

13. BIRTHPLACE (city or town) (State or country) Bello Md.

FORMANT Mrs. Mayhugh
(Address) 246 S. Conkling.

URIAL, CREMATION, OR REMOVAL
Place Oakdown Date Oct 31, 1933

NDERTAKER G. A. Moan
(Address) 2000 E. Baltimore St.
Huntington Williamsport, Md.

ILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/19, 1933 to 10/28, 1933

I last saw h. alive on 10/28, 1933 Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer	3 mo.
Chronic cholecystitis	1

Other contributory causes of importance: Bronchial pneumonia 10 days

Name of operation Gastroenterostomy Date of 10/24/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. P. Bowyer M. D.

(Address) Bello City Hosp.

B. 1268-9 E 94771 E 94771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Womans Hospital St. 10-21 Ward)

th of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Pearl Lickliter

(a) Residence: No. 407 East Preston St St., Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced) USBAND of or) WIFE of Harry Lickliter

TE OF BIRTH (month, day, year) Aug 13, 1890

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Virginia

NAME Mr. ? Sowrey

BIRTHPLACE (city or town) (State or country) Winchester Va

MAIDEN NAME Mrs Annie Sommerkamp

BIRTHPLACE (city or town) (State or country) 207 Md. Ave Cumberland, Md

FORMANT Husband
Address)

RIAL, CREMATION, OR REMOVAL

Keyser West Va Date Nov 3rd 1933

DERTAKER Robert Brooks & Son
Address) Calhoun & Hollins sts

Baltimore Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1933 to Oct 29, 1933

I last saw her alive on Oct 29, 1933 Death is said to have occurred on the date stated above, at 4.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Peritonitis	10/24/33
Mechanical Ileus	10/28/33

Other contributory causes of importance:

surg

Name of operation Abdominal Hysterectomy Date of 10/24/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley R. Compton M. D.

(Address) Womans Hospital.

E 94772

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94772

CERTIFICATE OF DEATH

Registered No. 1108

PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 14 Dennis St., 14th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Julia Blackwell

(a) Residence: No. Elkridge City Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 21, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	Week.	5	9	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Elkridge City

12. NAME R. Johnson.

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Eliz. Blackwell

15. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Elizabeth Blackwell
(Address) Elkridge City Maryland

BURIAL, CREMATION, OR REMOVAL
Place Cella Md Date 10-30 1933

UNDERTAKER [illegible]
(Address) Elkridge City Md

FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1933 to 10-30 1933

I last saw h[illegible] alive on 10-30 1933 Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. C. Rogers M. D.

(Address) Provident Hospital

D. [illegible] 94773

HEALTH DEPARTMENT—CITY OF BALTIMORE

94773

CERTIFICATE OF DEATH

131

. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-01 Ward)

ngth of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Mrs. Elizabeth Hildebish

(a) Residence: No. 2727 East Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1873

ATE OF BIRTH (month, day, year) March 12 1873

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	7	16	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Chicago,
(State or country) Illinois

3. NAME Mace

4. BIRTHPLACE (city or town) Chicago, Ill.
(State or country)

5. MAIDEN NAME Not Know

6. BIRTHPLACE (city or town) Chicago Ill
(State or country)

NFORMANT Archer Hildebish
(Address) 2727 E Chase St

BURIAL, CREMATION, OR REMOVAL

Pla London Park Date 10/31 1933

NDERTAKER Frederick J Cole
(Address) 1200 N Howard St

1933 Huntingtown Calvert Co MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1933, to October 28, 1933

I last saw her alive on October 28, 1933 Death is said to have occurred on the date stated above, at 10:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	?
2. Nephritis - chronic nephro-sclerosis.	?
3. Hypertension	?

Other contributory causes of importance:

1. Myocarditis - chronic	?
2. Ascites.	

Name of operation V Date of V

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J M Wagenseller ?, M. D.

(Address) St. Joseph's Hospital

B. 1268-9

96336 96774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96774

51

PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. 12-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John A. Leary

(a) Residence: No. 3433 Gulford ave St., Ward. Ward 11

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) 3-2-54

E Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

. NAME Jeremiah Leary

. BIRTHPLACE (city or town) (State or country) Md

. MAIDEN NAME Margaret Sapp

. BIRTHPLACE (city or town) (State or country) Md

FORMANT

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Oct 31, 1933

NDERTAKER John F. Denny

(Address) 715 Light St.

30 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933, to Oct 27, 1933

I last saw him alive on Oct 27, 1933. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	7
involving bladder & Uremia	08/28/33

Other contributory causes of importance:

Name of operation 0 Date of 0

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh J. Jewett, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

775 157-003 E 94775

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1522 Eutaw Place St. 14-sp Ward)

gth of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Christina Murison Kelbie

(a) Residence: No. 1522 Eutaw Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Oct. 13, 1933

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Balto.
(State or country) Md.

. NAME Frances Kelbie

. BIRTHPLACE (city or town)
(State or country) Scotland

. MAIDEN NAME Catherine Stewart

. BIRTHPLACE (city or town)
(State or country) Scotland

FORMANT Mr. Frances Kelbie
(Address) 1522 Eutaw Place

URIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 30, 1933

NDERTAKER Alvord Sandheim & Son
(Address) 1902 Eutaw Place

LED 30 1933 19 Winston Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Oct 29, 1933.

I last saw her alive on Oct 29, 1933. Death is said to have occurred on the date stated above, at 8.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Abnormality	birth

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lawson Wilkins M. D.

(Address) 1014 St. Paul St.

H. B. 1268-9

E 94776

HEALTH DEPARTMENT—CITY OF BALTIMORE

76

CERTIFICATE OF DEATH

V92-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 5202 Harford Rd St. 27-81 Ward)

th of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Samuel D. Livingston

(a) Residence: No. 5202 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

married, widowed, or divorced
BUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Oct 2, 1853

E Years	Months	Days	If LESS than 1 day, hrs. or min.
80		25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto
(State or country) Md.

NAME John Livingston

BIRTHPLACE (city or town) Richmond
(State or country) Va

MAIDEN NAME Emily Nelson

BIRTHPLACE (city or town) Balto
(State or country) Md

FORMANT Mrs Ida Mannon

Address) 5202 Harford Road

RIAL, CREMATION, OR REMOVAL

Place Woodland Cemetery Date Oct. 30 1933

DERTAKER William J. Schaeffer

Address) 1516 Eutaw Place

Washington Boulevard, Md.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1933 to Oct 27, 1933

I last saw him alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 7.45 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Heart Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Frohn M. D.

(Address) 1823 N. Mast. St.

D. B. 1268-9

E 94777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1302 Glenmore Ave (Ward) 21

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Frances Schwarz

(a) Residence: No. 1302 Glenmore Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

(a) married, widowed, or divorced HUSBAND of (or) WIFE of John Schwarz

DATE OF BIRTH (month, day, year) 4. 18. 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	6	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT H. M. Fluidhauser

(Address) 1302 Glenmore Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 2 1933

UNDERTAKER William H. Schaffer

(Address) 1111 Washington Boulevard

1933 FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH (month, day, year) Oct. 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Oct 28 1933

I last saw her alive on Oct 25 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Infirmities due to advanced Age

Date of onset

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Harold A. Mc Gee Sr. M. D.

(Address) 1111 N. Cadoline St.

D. B. 1268-5

E 94778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Kirby.

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 7, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
8. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) Balto Md.
(State or country)

10. NAME George Staas

10. BIRTHPLACE (city or town) Germany
(State or country)

11. MAIDEN NAME Jane Miller -

11. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Emma Kollinger
(Address) 391 Belair Road

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 31 1933

UNDERTAKER Guy M. Frank & Son
(Address) 711 E. Lexington St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-30-32, 19 , to 10-28 1933

I last saw h alive on 10-28 1933. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Pneumonia ?	10-25
Myocarditis	
Other contributory causes of importance:	
Erysipelas	10-20-33
Not Examined	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reder M. D.

(Address) Balto. City Hosp

✓ E 94779

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

779) 94-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 4324 Reisterstown Rd. 15th Ward)

gth of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Harris Rosen

(a) Residence: No. 4324 Reisterstown Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie

DATE OF BIRTH (month, day, year): 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77 79	-	-	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Russia

NAME: Wolfe Rosen

BIRTHPLACE (city or town) (State or country): Russia

MAIDEN NAME: Unknown

BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Ben Rosen

(Address) 4324 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL: Levi Date Oct 30, 1933

Place Hebrew Cemetery

UNDERTAKER: J. Levenson Bro

(Address) 1127 E Baltimore St.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to Oct 30, 1933

I last saw h.. alive on Oct 28, 1933 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	8 yrs ago
Other contributory causes of importance:	
Arterio-Sclerosis	10 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lawrence L. Lehrman M. D.

(Address) 600 Eutaw St.

H. 1268-9

✓ E 94780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. St. Agnes Hospital. St., 22-01 Ward)

h of residence in city or town where death occurred 83 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 83 yrs. ---- mos. ---- ds.

FULL NAME Elizabeth Wernex.

(a) Residence: No. 660 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of ---------

E OF BIRTH (month, day, year) Do not know.

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	----------		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore, Md
State or country)

NAME Herman H. Wernex.

BIRTHPLACE (city or town) Germany.
(State or country)

MAIDEN NAME Do not know.

BIRTHPLACE (city or town) Germany.
(State or country)

FORMANT George Joerdens.
Address) 217 S. Paca St.

RIAL, CREMATION, OR REMOVAL

lace Baltimore City Date Oct 31 . 19 33

DERTAKER Jos. Joerdens & Son
Address) 217 S. Paca St.

1933 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from
. 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Arterio sclerosis.	
Terminal Pulmonary Oedema.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt Coroner . M. D.

10/30/33 (Address) 1017 N. Charles St.

D. B. 1268-9

✓ E 94781

4781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Tb.)

TY OF BALTIMORE: (No.....St., 14-01 Ward)

gth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Charles Tiel

(a) Residence: No. 1414 Pennsylvania ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widower

f married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tiel

ATE OF BIRTH (month, day, year) June 25, 1884?

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	4		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

8. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

IRTHPLACE (city or town) Salisbury
(State or country) North Carolina

. NAME Holden Tiel

. BIRTHPLACE (city or town)
(State or country) North Carolina

. MAIDEN NAME Lena Gamsey

. BIRTHPLACE (city or town)
(State or country) North Carolina

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL
Place Universal Ind Date Oct 30, 1933

NDERTAKER
(Address)

LED ....., 19.... Registrar

1833 0381

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to Oct. 25, 1933

I last saw him alive on Oct. 25, 1933. Death is said to have occurred on the date stated above, at 11.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

7782

78085 E 94782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

rth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Baby Girl Bagwell

(a) Residence: No. 1323 Fremont av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	—

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, year) 10-20-33

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2 3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) Md

. NAME Charles Blackwell

. BIRTHPLACE (city or town) (State or country) Uniontown

. MAIDEN NAME Otilia Bagwell

. BIRTHPLACE (city or town) (State or country) Va

FORMANT Records

(Address) JOHNS HOPKINS HOSP

URIAL, CREMATION, OR REMOVAL

Place Jeff Med College Date Oct 30, 1933

NDERTAKER Commissioner Health.

(Address) [illegible]

LED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Oct 23, 1933

I last saw her alive on Oct 23, 1933 Death is said to have occurred on the date stated above, at 130 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	1 day
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Maxwell S. Habit M. D.

(Address) Johns Hopkins Hospital

12-9-25—A Co.—200 Bks.

M E 94783

7783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

210-002

REGISTERED NO.

1-PLACE OF DEATH

of BALTIMORE: (No. St Agnes Hospital St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME B. Franklin Sapp Catonsville, Md.

(a) RESIDENCE NO. 518 Ingleside Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

Married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 26, 1908

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
25	5	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Meisel 6. 06

Name of employer

BIRTHPLACE (city or town) Baltimore Md

(State or country)

NAME OF FATHER Benjamin F. Sapp

BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

MAIDEN NAME OF MOTHER Eva M Koenig

BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

Informant Benjamin Sapp

(Address) 518 Ingleside Ave Catonsville Md

Filed ..... 1933 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above. 100 A.M.

The CAUSE OF DEATH* was as follows:

Comp Fracture of Skull

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Sweeney (Coroner) Dec 30 1933

, 19 (Address) 2700 E Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the state ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 11/2 1933

20 UNDERTAKER J. McCourt ADDRESS 1214 E Fairmount

D. B. 1268-9

(Dondess) ✓ E 94784

784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Bon Secours Hosp St. 17-01 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phibbs Dondess

(a) Residence: No. 525 W Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	~~Single~~ Divorced

If ~~married, widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Unknown

6. DATE OF BIRTH (month, day, year) Mar 31st 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanford + Brooks Co

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Phibbs Dondess

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna N. McGregory

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Sarah Gamble

(Address) 525 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct 31st 1933

19. UNDERTAKER Wm Cook

(Address) 847 E Paul St

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-24-33. 19 ... to 10-28-33. 19 ...

I last saw h~~im~~ alive on 10-28-33. 19 ... Death is said to have occurred on the date stated above, at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral hemorrhage	
Terminal Bronchopneumonia	10-25
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Robert H. Ellerson M. D.

(Address) Bon Secours Hospital

E 94785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

Y OF BALTIMORE: (No. St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Donald Davenport

(a) Residence: No. 1018 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 7-20-1933

E Years	Months	Days	If LESS than 1 day, hrs. or min.
	2½	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

. NAME William Davenport

. BIRTHPLACE (city or town) (State or country) Tennessee

. MAIDEN NAME Helen Day

. BIRTHPLACE (city or town) (State or country) Md

FORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place W. Md College Date Oct 30 1933

NDERTAKER Commissioner Health
(Address)

LED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933 to Oct 23, 1933

I last saw him alive on Oct 23, 1933 Death is said to have occurred on the date stated above, at 2 29 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nutritional Disturbance,	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L Kerley M. D.

(Address) Johns Hopkins Hosp

B 1268-9

E 94786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., 7-01 Ward)

th of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Perine Perry

(a) Residence: No. 801 E. [illegible] St., Ward. Sparrows Point (If non-resident give city or town and State)

(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

married, widowed, or divorced HUSBAND of or) WIFE of —

TE OF BIRTH (month, day, year) 6/8/85

E Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Maryland

NAME Hampton Perry

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Bella Johnson

BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Jefferson Med College Date Oct 30 19 33

NDERTAKER Edgerton Williams, M.D.

(Address)

L 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-20-1933 to 10-25-1933

I last saw h[illegible] alive on 10-25-1933. Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery Bacillary	10/18/33
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wayne S. Hyatt M. D.

(Address) Johns Hopkins Hosp

B. 1268-9

E 94787

1787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 107 W. Hughes St. St., 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Pietro Reymondous. (C)

(a) Residence: No. 107 W. Hughes St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Do not know

married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know.

Years	Months	Days	if LESS than 1 day, ...hrs. or ...min.
65	----------	----------	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Do not know.

NAME Do not know.

BIRTHPLACE (city or town) (State or country) Do not know.

MAIDEN NAME Do not know.

BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT James A. Clark.

(Address) 218 E. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct. 30, 1933

Huntington Williams, M.D.

UNDERTAKER

ADDRESS

FILED 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 7 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Other contributory causes of importance:	

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto M. Leonhardt M. D.
Coroner

10/26/33 (Address) 1017 E. Charles St.

D. B. 1268-9

E 94788

4788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hosp. St., 9-01 Ward)

ngth of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

. FULL NAME Baby Girl Price

(a) Residence: No. 2833 Reese St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Newborn

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Newborn

DATE OF BIRTH (month, day, year) Oct 27, 1933

GE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

BIRTHPLACE (city or town) University Hosp.
(State or country) Balt. Md.

13. NAME John Henry Price

14. BIRTHPLACE (city or town) Providence
(State or country) R.I

15. MAIDEN NAME Lerina Young

16. BIRTHPLACE (city or town) Woodstock
(State or country) Md.

INFORMANT Lerina Price
(Address) 2833 Reese St.

BURIAL, CREMATION, OR REMOVAL
Place Mausoleum of Md. Date Oct 30, 19 33

UNDERTAKER
(Address)

1933 Huntington Williams, M.D.

(096?) Attn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933 to Oct 27, 1933

I last saw her alive on Oct 27, 1933. Death is said to have occurred on the date stated above, at 3 00 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Dorsey M. D.

(Address) University Hospital

D. B. 1268-9

✓ E 94789

4789

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 22-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl White

(a) Residence: No. 810 So. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Newborn

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 21, 1933

AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or 14 min.
			6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None | 11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) University Hosp
(State or country) Balto. Md

13. NAME Jerome Stokes

14. BIRTHPLACE (city or town) Franklin
(State or country) Va.

15. MAIDEN NAME Margaret White

16. BIRTHPLACE (city or town) Franklin
(State or country) Va

17. INFORMANT Margaret White
(Address) 810 So. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 30, 1933

19. UNDERTAKER Huntington Williams
(Address)

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Oct 27, 1933.

I last saw h.. alive on Oct 27, 1933. Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. W. Donohue, M. D.

(Address) University Hospital

1-30—M. & T.—250 Bks

E 94790

4790

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

OF BALTIMORE (No. 914 Argyle Ave) WARD 7-01

2. FULL NAME Mary Lula Jackson

3. RESIDENCE NO. 914 Argyle Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Col.	widow

If married, widowed, or divorced WIFE (or HUSBAND) of

6. DATE OF BIRTH (month, day, and year) 1879

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

7. OCCUPATION OF DECEASED

Trade, profession or particular kind of work Domestic 070

General nature of industry, business, or establishment in which employed (or employer)

Name of employer

8. BIRTHPLACE (city or town) (State or country) md.

9. NAME OF FATHER [illegible] Jackson

10. BIRTHPLACE OF FATHER (city or town) (State or country) md

11. MAIDEN NAME OF MOTHER [illegible] Violin

12. BIRTHPLACE OF MOTHER (city or town) (State or country) md

13. Informant [illegible] Jackson

(Address) 914 Argyle ave

Filed Oct 29 1933

[illegible] Registrar

1933, 19

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct 28. 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933 to Oct 28, 1933

that I last saw her alive on Oct 28, 1933

and that death occurred, on the date stated above, at 11:45 p m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal Disease (duration) [illegible] ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Howell M. D.

Oct 29 1933 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cem

DATE OF BURIAL 10-30-33

20. UNDERTAKER [illegible] Gunts Corp

ADDRESS [illegible] Ave.

ec.—1-10-21—M&T—1500 Blks.

E 94791

94791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 2425 E Madison St. (ST.) 7-01 (WARD)

2-FULL NAME Baby (girl) Morran

(a) RESIDENCE NO. 2425 E Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): ✓

If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

ATE OF BIRTH (month, day, and year): Oct 29, 1933

GE	Years	Months	Days	If LESS than 1 day, hrs or min.

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

0 NAME OF FATHER: Wm J Morran

1 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

2 MAIDEN NAME OF MOTHER: Josephine Indrealtis

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Wm J. Morran

(Address): 2425 E Madison St

1933 Oct 31 Harrington Williams M.D. Registrar.

00?1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1933

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to Oct 30, 1933,

that I last saw h[illegible] alive on Oct 29, 1933,

and that death occurred, on the date stated above, at 7 00 A m.

The CAUSE OF DEATH* was as follows:

Seventh Month Gestation

Premature Labor.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Joseph O'Shonny M. D.

, 19 (Address) 2100 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: J.H. Med College

DATE OF BURIAL: Oct 30 1933

20 UNDERTAKER

ADDRESS

D. B 1268-9

✓ E 94792

792

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. 4202 Wilkins St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wilhelmina Finkstein

(a) Residence: No. 4202 Wilkins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Winchael Finkstein

ATE OF BIRTH (month, day, year) Aug 17-1871

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

. NAME George Kunz

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Anna M Reichl

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Michael Finkstein

(Address) 4202 Wilkins

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10-31-33

NDERTAKER Leonard Wright

(Address) 5345 Reisterstown Rd

1933 10 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to Oct 27, 1933, saw her alive on Oct 23, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	July 20 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Hardesty M. D.

(Address) 4810 Belair Rd

B. 1268-9

E 94793

793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2535 N. Fairmount Ave. St. 20-21 Ward)

th of residence in city or town where death occurred 27 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John J. Mc. Grail Jr.

(a) Residence: No. 2535 N. Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of ----------

TE OF BIRTH (month, day, year) June 5, 1906

Years	Months	Days	If LESS than 1 day, hrs. or min.
27	4	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. pd

Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME John J. McGrail Sr.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Anna Eck.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Anna McGrail. (mother)

Address) 2535 N. Fairmount Ave.

RIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct. 31 1933

DERTAKER Mar. J. Taylor & Son

Address) 1822 Linden Ave.

1933 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 8.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilotation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Otto M Reinhardt Coroner, M. D.

10/30/33 Address 1017 S. Charles St.

D. B. 1268-9

E 94791

791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 105 N Carey St. 18-C Ward)

gth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mildred V. Hudson

(a) Residence: No. 105 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ngle	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) April 16 1877

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	13	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Virginia

. NAME Joseph Morris

. BIRTHPLACE (city or town) (State or country) Va

. MAIDEN NAME Mary Potter

. BIRTHPLACE (city or town) (State or country) Va

NFORMANT Abraham - Hudson
(Address)

URIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Oct 31 19 3

NDERTAKER George J. Smith
(Address) 1532 Hollins

Huntington Williams Mgr

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 19 33

22. I HEREBY CERTIFY, That I attended deceased from August 10 19 to Oct 29 19 33

I last saw h[illegible] alive on Oct. 29 19 33. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver and uterus.	

Other contributory causes of importance: Senile Carcinomatosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. E. Heuttel M. D.

(Address)

. B. 1268-9

795

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ M E 94795

× 210-002

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hosp. St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis Rohr

(a) Residence: No. Towson Rd. Essex, Balto Co. Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

married, widowed, or divorced HUSBAND of Frances Griffin

TE OF BIRTH (month, day, year) Feb. 27 - 1907

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	9	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Worker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel Co.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Staunton Va.

NAME John Rohr.

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Rose Buchanan

BIRTHPLACE (city or town) (State or country) Va.

ORMANT Mrs. Jos. Robertson Essex Md.

(Address)

RIAL, CREMATION, OR REMOVAL

lace Mt Carmel Date Nov. 2, 1933

DERTAKER Chas. S. Connally Essex Md.

(Address)

ED 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 19... to ..., 19...

I last saw h... alive on Oct 29, 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Ruptured Spleen — Hemorrhage — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Laparotomy Date of 10/30/33

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/29/1933

Where did injury occur? Stemmers Run Rd + P.R.R. Yards (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto hit was struck by object

Nature of injury 10/29/33

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pearson M. D. Coroner

(Address) 2209 E Madison St

B. 1268-9

E 94796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

PLACE OF DEATH The Church Home and Infirmary (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1-01 St., Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Mary Wierzbowski (Wierzbowski)

(a) Residence: No. 644 S Ellwood Ave Baltimore Md. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

married, widowed, or divorced
RUSBAND of
or) WIFE of Joseph Wierzbowski

TE OF BIRTH (month, day, year) Jan 4 1896

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 10 days ago. 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore, Md.
State or country)

NAME Louis Podney

BIRTHPLACE (city or town) Poland
(State or country)

MAIDEN NAME Stella Kaweski

BIRTHPLACE (city or town) Poland
(State or country)

FORMANT Hospital Record
Address)

RIAL, CREMATION, OR REMOVAL

Place Mt Hamilton Cem Date Oct 31 1933

DERTAKER John M Weber

Add... 401 N Charles St

ED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28/33 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/18/ 1933 to 10/28 1933

I last saw h.r alive on 10/28 1933 Death is said to have occurred on the date stated above, at 7.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	

Other contributory causes of importance:

Name of operation Gallbladder Incision of Uterus Appendectomy Date of 10/19/33

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gerald H Jordan, M. D.

(Address) Church Home & Inf

V M E 94797

. B. 1268-B

4797 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St Agnes Hospital St., -01 Ward)

th of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth?.. yrs. ..mos. ..ds.

FULL NAME Ignatius Peterson (Pruchniewski)

(a) Residence: No. 705 S Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) July 13, 1882

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Balto md

NAME Joseph Pruchniewiki

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Tina Lindowskowska

BIRTHPLACE (city or town) (State or country) Poland

FORMANT Tina Pruchniewska

Address) 709 S. Rose St

RIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Nov 2 . 1933

DERTAKER John M Weber

ddress) Hennigan Hallcraft, Inc

1933 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 . 1933

22. I HEREBY CERTIFY, That I attended deceased from unknown . 19 .. to ..... . 19 .....

I last saw h.. alive on unknown . 19 .. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

Comp. fracture of Right Leg shock

Date of onset

Other contributory causes of importance:

Automobile accident

Name of operation None Date of ..

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/29, 1933

Where did injury occur? Washington Blvd nr Arlington
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking (crossed

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify.....

(Signed) Joseph Pokorny . M. D.
Coroner

(Address) 1100 E Madison St

B. 1268-9 E 94798

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94798

CERTIFICATE OF DEATH

13-002

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Hopkins Hospital St., 26-01 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Patrick Kane

(a) Residence: No. 4 North Cresent St., ... Ward. Kresson St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	S.ngle

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Oct 5th 31

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
2	0	7/22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Fairfield,
State or country) Adams Co., Pa.

NAME John Curtis Kane

BIRTHPLACE (city or town) (State or country) Adams Co., Pa

MAIDEN NAME Ruth E. Sanders

BIRTHPLACE (city or town) (State or country) Adams Co., Md.

FORMANT John C. Kane
Address) 4 N. Cresent St

RIAL, CREMATION, OR REMOVAL

Place Fairfield Pa Date Oct 31st 1933

NDERTAKER S. L. Ellison

Address) Fairfield Pa

1933 Huntington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery (Basilar)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. S. Green M. D.

Coroner

(Address) 506 E Fayette

E 94799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94799

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Jenkins Memorial Hospital

Y OF BALTIMORE: (No. 1000 Caton Ave St., 20th Ward)

h of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U.S. If of foreign birth? 21 yrs. — mos. — ds.

FULL NAME Miss Ellen Quinn

a) Residence: No. 3027 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 1858

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74 yrs.	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation. (month and year)
11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Ireland

NAME John Quinn

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary Lemon

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Jenkins Memorial Hosp.
Address) 1000 Caton Avenue

RIAL, CREMATION, OR REMOVAL
lace Cathedral Cem. Date 11/1 1933

DERTAKER Henry W. Mears and Son
Address) 305 N. Calvert St.

LED 1933 Harrington Williamsport Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, st. 1933 to Oct. 30th 1933
I last saw her alive on Oct. 29th 1933. death is said to have occurred on the date stated above, at 1:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Cerebral Hemorrhage	

Other contributory causes of importance:

Terminal Broncho-pneumonia	10/27/33

Name of operation None Date of None
What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accidcut, suicide, or homicide? No Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunler M. D.
(Address) St. Agnes Hospital

E 94800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94800

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital 20-01 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Helen Habeck

(a) Residence: No. 1 S. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leroy A Habeck

7. DATE OF BIRTH (month, day, year) Jan 3rd 1908

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	9	25	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Yonkers N.Y.

12. NAME Mary A De Laporte

13. BIRTHPLACE (city or town) (State or country) Greece

14. MAIDEN NAME Mary Fesdes

15. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

16. INFORMANT Leroy A Habeck

(Address) 1 S. Hilton St

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/31/33

18. UNDERTAKER F. D. Wagshal Son

(Address) 300 E Lanvale Place

19. FILED Nov 1 1933 by Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from October 18. 1933 to October 28. 1933

I last saw her alive on October 28. 1933. Death is said to have occurred on the date stated above, at 6.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerular nephritis with uraemia	May 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Milford H Preacher M. D.

(Address) University Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94801 94801

CERTIFICATE OF DEATH

v 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 E. 34 th St. 12-01 (Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Revell Boone

(a) Residence: No. 202 E. 34 th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen F. Boone

DATE OF BIRTH (month, day, year) Jan. 17, 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of Gar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Guilford Garage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) A.A.Co., Md.

13. NAME Grafton Boone

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maria P. Revell

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Mrs. Helen F. Boone (Wife) 202 E. 34th St.,

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 31 1933

UNDERTAKER (Address) J. Fred Pregnall 710 Light St

FILED 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1931 to Oct. 29 1933

I last saw h... alive on Oct. 29 1933. Death is said to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1924

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Elias C. Habliston M. D.

(Address) 104 W. Madison St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34802

34802

95-002

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sinai Hospital St., 27-01 Ward)

gth of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth 42 yrs. mos. ds.

FULL NAME Rose Lehman

(a) Residence: No. 1021 Cordelia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Alexander

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of father Joshua Rossed

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of mother Esta Rossed

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship
Place Hebrew Friendship Date 10/31/33

19. UNDERTAKER Jack Lewis Inc.
(Address) 1432 E. Baltimore St.

DATE RECEIVED 1933 Huntington Wilkinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933, to Oct 29, 1933

I last saw her alive on 10-29, 1933. Death is said to have occurred on the date stated above, at 9.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac hypertrophy & dilatation	
Cardiac insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry B. Mahoney M. D.

(Address) Sinai Hospital

E 94803 E 94803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Webster St. 24-ml Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Jefferson Davis Creager

(a) Residence: No. 1318 Webster St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 18th 1933

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	11	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Peter Creager

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Blanche B. Hughes

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Peter Creager
(Address) 1318 Webster st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date Oct 31 1933

19. UNDERTAKER E. Sherman Lee
(Address) 1039 Lanvale st

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1933, to Oct. 30, 1933

I last saw him alive on Oct. 30, 1933. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	
Prematurity	
Other contributory causes of importance:	
Atelectasis	

Name of operation — Date of —

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) T. J. Cooman M. D.

(Address) 11 E. Chase St.

1933

E 94804

D. [illegible]

E 94804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph McGuire

(a) Residence: No. 735 E. 21st St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 27, 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	10	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
12. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Luke McGuire

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bessie O'Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 11/2 1933

UNDERTAKER Col. Owen Lemmon
(Address) 2411 E. Baltimore St.

FILED Huntington Williams M.D.
Registrar.

31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933 to Oct 30, 1933

I last saw him alive on Oct 30, 1933 Death is said to have occurred on the date stated above, at 11.53 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 hrs
Hypertensive Cardiovascular Disease	? yrs.
Other contributory causes of importance: Chronic Alcoholism	? yrs.

Name of operation None Date of ...
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. F. Burns M. D.
(Address) Mercy Hospital

D. H. 1934-9

E 94805

E 94805

4805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2818 Louise Ave St., 27-08 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ellen Jane Seidenstricker

(a) Residence: No. 2818 Louise Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Seidenstricker

TE OF BIRTH (month, day, year) July 9, 1856

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	3	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Maryland

NAME John F. Nizer

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Biddison

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Mr. C. J. Murray

Address) 3026 Radnor Rd.

RIAL, CREMATION, OR REMOVAL

lace Mt. Carmel Date 12/31, 1933

DERTAKER C. Norman Lemmon

Address) 7611 Pk. Hgts.

D 1933 Virginia Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Oct 28, 1933

I last saw h. alive on Oct 28, 1933. Death is said to have occurred on the date stated above, at 8 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Coma	Oct 28
Other contributory causes of importance:	
Diabetes Mellitus	July 1931
	?

Name of operation Amputation Left Foot Date of Aug 31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Anne Brennan M. D.

(Address) 718 N Patterson Park Ave

E 94806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94806

CERTIFICATE OF DEATH

V 107-001

Registered No. 107-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5011 Reisterstown Rd. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Audrey Elizabeth Mooney

(a) Residence: No. 5011 Reisterstown Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 6, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	3	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME John M. Mooney

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Edith Lonergan

BIRTHPLACE (city or town) (State or country) Balto. Co.

INFORMANT John M. Mooney.

(Address) 5011 Reisterstown Rd.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Oct. 31, 1933

UNDERTAKER Vernon Lorenz

Address 944 Park Heights.

FILED 1933 Huntington Nov 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to Oct 30, 1933

I last saw her alive on Oct 29, 1933 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Influenza	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Charles F. Price, M. D.

(Address) .....

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94807

CERTIFICATE OF DEATH

V 131 E 94807

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1952 N. Patterson Park Ave. Ward)

gth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice V. Kerr

(a) Residence: No. 1952 N. Patterson Park Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
~~Male~~	White	Widowed

~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of George A. Kerr

DATE OF BIRTH (month, day, year) Dec 20th 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co. Md

NAME Robert Stevens

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Ellen Harvey

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Arthur Kerr

(Address) 1952 N. Patterson Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 2nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Nov 31 1933

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1933 to Oct 30 1933

I last saw h alive on Oct 30 1933 Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	10/27/33
Other contributory causes of importance:	
Chronic Int. Nephritis	10/10/33

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Miller M. D.

(Address) 1500 N Broadway

10/31/33

E 94808

E 94808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3010 Guilford Ave 12-01 WARD)

2-FULL NAME Florence E. Parry

(a) RESIDENCE NO. 3010 Guilford Aven. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Female	White	Married

6 If married, ~~widowed, or divorced~~ of (or) WIFE of Milford M. Parry

7 DATE OF BIRTH (month, day, and year) Jan 14th 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Dinwiddie Va

10 NAME OF FATHER Richard Eubank

11 BIRTHPLACE OF FATHER (city or town) Dinwiddie (State or country) Va.

12 MAIDEN NAME OF MOTHER Susanna Talbot

13 BIRTHPLACE OF MOTHER (city or town) Dinwiddie (State or country) Va

Informant Milford M. Parry
(Address) 3010 Guilford Ave

Filed 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29th 1933

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to Oct 29, 1933

that I last saw her alive on Oct 29, 1933

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter W White Jr M. D.

10/30/33 (Address) 2800 St Paul St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Nov 1st 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94809 E 94809

CERTIFICATE OF DEATH

V 183

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. S. Central Ave Alley St. 6 Ward)

h of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Wilson K. Parker

(a) Residence: No. 680 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced
USBAND of
r) WIFE of —

TE OF BIRTH (month, day, year) —

Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Canada
(State or country)

NAME Daniel Parker

BIRTHPLACE (city or town) Scotland
(State or country)

MAIDEN NAME Mathews

BIRTHPLACE (city or town) Scotland
(State or country)

FORMANT Mrs Hattie Loof
Address) 680 W. Fayette St

RIAL, CREMATION, OR REMOVAL Burial
Date Oct 31, 1933

DERTAKER Philip Sterne Sons
Address) 246 Edmondson Ave

D. 1933 [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Probable Accidental
Drowning

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury Oct 28, 1933

Where did injury occur? S. Central Ave Dock
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) C. O'Neill M.D. Coroner, M. D.

(Address) 202 N Patterson Park Ave

D. B. 1268 E 94810

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94810

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Windsor Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fannie Leopold

(a) Residence: No. 3100 Windsor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
WIFE of HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 3, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bedford, Pa.

FATHER'S NAME Lewis Leopold

FATHER'S BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER'S MAIDEN NAME Anna Irick

MOTHER'S BIRTHPLACE (city or town) (State or country) Harrisonburg, Va.

INFORMANT Miss. Rose Leopold
(Address) 3100 Windsor Ave.

BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Cem. Date Oct. 31, 1933

UNDERTAKER Harris Sondheimer & Son
(Address) 1902 Eutaw Place.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933 to Oct 29, 1933

I last saw h~~er~~ alive on Oct 29, 1933 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
about Myocarditis	Oct 1/33

Other contributory causes of importance:

arterio-sclerosis	?
secondary anemia (about 4 mo)	

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter L. Dubbert M. D.

(Address) 2220 Garrison Blvd.

S. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94811 — 93 E 94811

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1501 Bolton St. 14-01 Ward)

th of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Sheeleigh Rupp

a) Residence: No. 1501 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Rev. U. S. G. Rupp D.D.

TE OF BIRTH (month, day, year) Dec. 14, 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Stewartsville
State or country) N. J.

NAME Rev. Matthias Sheeleigh

BIRTHPLACE (city or town) Chester Co.
(State or country) Pa.

MAIDEN NAME Savina M. Diller

BIRTHPLACE (city or town) Dillstown
(State or country) Pa.

INFORMANT Rev. U. S. G. Rupp D.D.
Address) 1501 Bolton St.

BURIAL, CREMATION, OR REMOVAL
Place Annville, Pa. Date Nov. 1 1933

UNDERTAKER Wm. J. Tickner & Son
Address) North & Pa Ave.

Washington Williamsport Pa

OCT 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from December, 1914, to Oct 29, 1933

I last saw her alive on Oct 29th 1933 death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
General arteriosclerosis	
Hypostatic pneumonia	3 weeks
Other contributory causes of importance: Toxic psychosis.	3 mos.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathaniel M Beck M. D.

(Address) 1002 23rd St

. B. 1268-9

94812 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131 E 94812

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 5813 Simmonds Ave 27-21 Ward)

rth of residence in city or town where death occurred 67 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles A Fulda

(a) Residence: No. 5813 Simmonds Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed or divorced
HUSBAND of Christina Fulda
(or) WIFE of

TE OF BIRTH (month, day, year) Feb. 22, 1866

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Balto. Md.
(State or country)

. NAME Frances Fulda

. BIRTHPLACE (city or town) Germany
(State or country)

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Mr. Geo. Fulda
(Address) 1724 W. Northern

URIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Oct 31, 1933

NDERTAKER Wm. Tyler Sons
(Address) Smith & Graves

ILED Oct 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17-33 to Oct 28 33, 19..
I last saw h.. alive on Oct-27-33 to 33 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease Heart	
Other contributory causes of importance: Bright disease	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, give name of employer.
(Signed) Chas. A. Corner, M. D.
(Address) 39.3 Gorsuch

B. 126[illegible] E 94813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94813

CERTIFICATE OF DEATH

23V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2215 E. Baddle St., 8-01 Ward)

th of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME Henry C. Schluttannafer

(a) Residence: No. 2215 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Nov 18/1884

E	Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	48	11	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steel worker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 079

Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country): Balto., Md.

NAME Henry C. Schlattankafer

BIRTHPLACE (city or town) (State or country): Balto., Md.

MAIDEN NAME Mary Burningham

BIRTHPLACE (city or town) (State or country): Balto., Md.

FORMANT Mrs. Sadie Gennardt

Address) 2215 E. Biddle St

RIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 2, 1933

DERTAKER George J. Roth Inc

Address) 1[illegible] Huntington Ave & M.L.

[illegible] Huntington Millcreek, Pa.

[illegible] 19 [illegible] Registrar.

31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h[illegible] alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Other contributory causes of importance: Tuberculosis ???	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Rafferty M. D. Coroner

(Address) 506 E Market

B. 1268-9 E 94814

✓ E 94814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Bd Gen Hosp St. 11-01 Ward)

Y OF BALTIMORE (Co

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louis D Robinson

(a) Residence: No. 916 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male | 4. Color or race White | 5. Single, Married, Widowed, Divorced (write the word) Widower

married, widowed, or divorced HUSBAND of or) WIFE of Lotie A

TE OF BIRTH (month, day, and year) May 18-1861

Years	Months	Days	If LESS than 1 day, hrs. or min.
E 72	5	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto

NAME Louis D Robinson

BIRTHPLACE (city or town) (State or country) Baltimore

MAIDEN NAME Rebecca Coulbourn

BIRTHPLACE (city or town) (State or country) Balto

FORMANT Byard Robinson

(Address) 916 Madison

RIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Nov 2 1933

DERTAKER George J Ruth Inc.

(Address) 1735 Pleasant Ave. J M J.

Hilton Wilson

Registrar

ED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on October 29 death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximate)
Chronic Myocarditis	10 years
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Tuck Bonifas M. D.
Coroner

(Address) .....

E 94815

E 94815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 76-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Reese

(a) Residence: No. 5-15- N. Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Reese

DATE OF BIRTH (month, day, year) 10-22-1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	7 14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Finisher

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 014

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

8. NAME ? Mothers

9. BIRTHPLACE (city or town) (State or country) ? "

10. MAIDEN NAME ? "

11. BIRTHPLACE (city or town) (State or country) ? "

INFORMANT Records (Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL Date 10/31/33

Place Dulaney Cem

UNDERTAKER George J. Porter Son (Address) 735 Madison Ave

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1933 to Oct. 29, 1933

I last saw him alive on Oct 29, 1933 Death is said to have occurred on the date stated above, at 8:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Shagel, M. D.

(Address) Balt. City Hosp

D. B. 1268-9 E 94816 E 94816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE; (No. 322 N Bruce St. 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Chas A Johnson

(a) Residence: No. 322 N Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Johnson

DATE OF BIRTH (month, day, year) 10/1/1893

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
40	—	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

8. Date deceased last worked at this occupation (month and year) 10/12/33

11. Total time (years) spent in this occupation 30 yrs

9. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

10. NAME OF FATHER Wm Johnson

11. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

12. MAIDEN NAME OF MOTHER Ruth Snowden

13. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

14. INFORMANT Bessie Johnson
(Address) 322 N Bruce St

15. BURIAL, CREMATION, OR REMOVAL
Place Rockville Md Date 10/31, 1933

16. UNDERTAKER Chas G. Cooper
(Address) 1 N Calhoun St

17. FILED 1933 Registrar

1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933 to Oct 28, 1933

I last saw h. alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Apoplexy	10/28/33
Other contributory causes of importance: Acute Pneumonia	10/23/33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. N. Fletcher M. D.

10/31/33 (Address)

E. 94817 ✓ E 94817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital Ward)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm Garrett

(a) Residence: No. 234 N. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 7-1-1875

E Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter 070

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

IRTHPLACE (city or town) (State or country) Md.

NAME Wm Garrett

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Julia Gray

BIRTHPLACE (city or town) (State or country) Md

FORMANT Elzura Garrett

(Address) 2329 Madison Ave.

RIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 11/1/33 19

NDERTAKER Edw G. Cooper

(Address) E. of N. Calhoun St.

LED Huntington Williams, Registrar.

1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 28, 1933

I last saw him alive on Oct 28, 1933 Death is said to have occurred on the date stated above, at 2-7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatitis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Cholecystotomy Date of Oct 3

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) H. S. Bonsman M. D.

(Address) University Hosp.

B. 1268-3

E 94818

E 94818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH: (a) CITY OF BALTIMORE: (No. The Second Church of Christ - Scientist, 3500 Eastern Ave. St., 15-01 Ward)

(b) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 1 hour ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick Darden Stall

(a) Residence: No. (Carroll Co) St., Ward. Lawndale Carroll Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora H. Stall

7. DATE OF BIRTH (month, day, year) Feb 5 1866

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) State or country Norfolk - Va

13. NAME OF FATHER Darden Stall

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

15. MAIDEN NAME OF MOTHER Mary V. Boyer

16. BIRTHPLACE (city or town) (State or country) Harrisburg Penna

17. INFORMANT Mr. (Cora H. Stall) (wife)

Address Lawndale - Carroll Co

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 31 1933

19. UNDERTAKER Harry Hill Comm Co

Address 28 W. North Ave.

AUG 1 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1933 to Oct 29 1933

I last saw h alive on Oct 29 1933 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Finch, M. D. Coroner

(Address)

D. B. 1268-9

E 94819 ✓ E 94819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

PLACE OF DEATH

Registered No. 28-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3215 Howard Park Ave. St., 28 Ward)

gth of residence in city or town where death occurred 72 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth, yrs. mos. ds. 72 9 15

FULL NAME John Anderson Demuth

(a) Residence: No. 3215 Howard Park Ave. Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

f married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie L. Demuth

ATE OF BIRTH (month, day, year) Jany-16-1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

IRTHPLACE (city or town) (State or country) Balto. Maryland

. NAME John A Demuth

. BIRTHPLACE (city or town) (State or country) Balto. Md.

. MAIDEN NAME Sarah McGee

. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs E Demuth-Son

(Address) 3215 Howard Park Ave.

URIAL, CREMATION, OR REMOVAL,

Place Druid Ridge Date Nov 2 19 33

NDERTAKER Geo. M. Arnold

(Address) 1081 W. Fork Ave.

LED 19 Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-31-, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933 to Oct 30, 1933

I last saw him alive on Oct 30, 1933 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroid Gland	15 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Demuth M. D.

(Address) 4109 Liberty Hgts

D. B. 1268-0

94820 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 94820

CERTIFICATE OF DEATH

35

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Bolto city Boosp. Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Lottie Scott

(a) Residence: No. 1639 Ellsworth St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of James Scott

ATE OF BIRTH (month, day, year) Sept 23 1910

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	1	5	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Petersburg Va
(State or country)

. NAME William White

. BIRTHPLACE (city or town) Va
(State or country)

. MAIDEN NAME Morgan Lee

. BIRTHPLACE (city or town) Va
(State or country)

FORMANT Rep. Record
(Address)

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Nov 1, 1933

NDERTAKER Raymond Sanders
(Address) 1413 E Preston St

CT 31 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1933 to 10/28, 1933

I last saw h.. alive on 10/28, 1933 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:—

	Date of onset
Tuberculosis Obs.	2 mo
Other contributory causes of importance: Pulmonary	1 mo

Name of operation Colpotomy Date of operation 10/25/33

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H P Bourne M. D.

(Address) Bolto City Hospital

E 94821

E 94821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3721 Hudson St. 6-21 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Philip Jung

(a) Residence: No. 3721 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced
(HUSBAND of or) WIFE of Lucinda Jung

DATE OF BIRTH (month, day, year) Aug. 22 - 1898

6. Years	Months	Days	If LESS than 1 day, hrs. or min.
34	2	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice business

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 043

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Brooklyn N.Y.
State or country)

NAME of Father Philip Jung

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME of Mother Gertrude Rolf

BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Anna Mayerhofer Sister
Address 3721 - Hudson St.

BURIAL, CREMATION, OR REMOVAL
Place Brooklyn N.Y. Date Oct. 31st 1933

UNDERTAKER Lilly & Zeke Lee
Address 503 N. Howard St

DATE 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30 - 1933

I HEREBY CERTIFY, That I attended deceased from October 15, 1933 to Oct 30, 1933

I last saw him alive on Oct 30 - 1933 death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Sore Throat	Oct 11 33
	E.
Acute Dilatation of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) 6016 Eastern Ave - Balto

E 94822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. 17-01 Ward)

th of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Odom

(a) Residence: No. 1125 Brewer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

married, widowed, or divorced HUSBAND of (or) WIFE of Alzie

TE OF BIRTH (month, day, year) 2-14-90

E Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Handler Lastmaker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad yards 074

Date deceased last worked at this occupation (month and year) 1921 | 11. Total time (years) spent in this occupation 15yrs

IRTHPLACE (city or town) (State or country) Va

. NAME George Odom

. BIRTHPLACE (city or town) (State or country) Va

. MAIDEN NAME Neppie (?)

. BIRTHPLACE (city or town) (State or country) Va

FORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

URIAL, CREMATION, OR REMOVAL
Place Bet Jacob Cem Date 10-31-33

NDERTAKER Robert Williams & Son
(Address) 1 S. Monroe St. Washington Williams, M.D.

L [illegible] 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933 to Oct 27, 1933

I last saw h[illegible] alive on Oct 27, 1933. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis, etiology undetermined	
Cardiac hypertrophy & dilatation	
Myocardial insufficiency	1928
Other contributory causes of importance:	
Multiple emboli of cardiac origin	8-1933
with infarction of kidneys &	10-1933
infarction of lungs	

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry [illegible] M. D.

(Address) [illegible] Hospital

. B. 1268-9

E 94823

4823 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 82-001

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward) 23-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ida Gasnell

(a) Residence: No. 1711 So Lint St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Ward Gasnell (Dead)

TE OF BIRTH (month, day, year) May 2 1865

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Frederick Co Md

. NAME Samuel T Exon

. BIRTHPLACE (city or town) (State or country) Frederick Co Md

. MAIDEN NAME Susan Gettzendanner

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Records (Address) Balt. City Hosp.

URIAL, CREMATION, OR REMOVAL

Place Lorraine Lawn Date 11-1 1933

NDERTAKER

(Address)

LE 1933 Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27 1933 to Oct. 29 1933

I last saw h[illegible] alive on Oct 27 1933 Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracerebral Hemorrhage, right	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phaneuf M. D.

(Address) Balt. City Hosp.

B. 1268-9

E 94824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 1410 Eutaw Place 4-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Wm F. Mullin

(a) Residence: No. 1410 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White — 5. Single, Married, Widowed or Divorced (write the word): Married

married, widowed, or ... (HUSBAND of or) WIFE of Ella Mullin

TE OF BIRTH (month, day, year) Oct 24 1881

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	—	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tinsmith Maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 082

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country): Baltimore

NAME: Patrick Mullin

BIRTHPLACE (city or town) (State or country): Ireland

MAIDEN NAME: Emma Fritsch

BIRTHPLACE (city or town) (State or country): Germany

FORMANT (Address): Wm F. Mullin 219 N. Monroe

RIAL, CREMATION, OR REMOVAL: Greenmount Cem Co Date 10/27 1933

DERTAKER: Geo. J. Bloch

(Address) 5305 Harford Rd

1933 Hampton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Concussion of Brain	
Fell out window	
Striking in Coreen	

Other contributory causes (Important)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Falk M. D.

(Address) Coroner

D. B. 1268-9

✓ E 94825

HEALTH DEPARTMENT—CITY OF BALTIMORE

825

CERTIFICATE OF DEATH

92 - 001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4843 Park Heights Ave. St. 27-21 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank L. Weaver

(a) Residence: No. 4843 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 3rd. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Robert S. Weaver

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Laura Tuttle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Harry Legg.
(Address) 4843 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Nov. 33

19. UNDERTAKER Chas. H. Grand & Son
(Address) 118 W. Mt. Royal Ave.

933 Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1933 to Oct 30 1933
I last saw him alive on Oct 30 1933 Death is said to have occurred on the date stated above, at 3.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Chronic Mitral Endocarditis	Unknown

Other contributory causes of importance:

Chronic Bronchitis	Unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Nil Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. B. Ensor M. D.

(Address) 4936 Park Heights Ave

E 94826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Lillian Bernhardt

(a) Residence: No. Lexington NC St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Single	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 9, 1917

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	6	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) NYC

NAME Paul McPhee Bernhardt

BIRTHPLACE (city or town) (State or country) N. C

MAIDEN NAME Leonora Thompson

BIRTHPLACE (city or town) (State or country) N. C

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Lexington N C Date Oct 31, 1933

UNDERTAKER Paul C. Mitchell Sons
(Address) 120 East Center Street Lexington N.C.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933 to Oct 31, 1933

I last saw her alive on Oct 31, 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor malignant	1927
Other contributory causes of importance:	

Name of operation Left Craniotomy Date of 10-31-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul C. Kimball, M. D.

(Address) The Johns Hopkins Hospital

O. B. 1268-8

E 94827

4827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 4206 Harford Road St., 9-01 Ward)

rth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Annie Wehe

(a) Residence: No. 4206 Harford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Alfred Wehe

ATE OF BIRTH (month, day, year) Nov. 14, 1857

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	11	16	15

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind.

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

. NAME Peter Frederick

. BIRTHPLACE (city or town) .....
(State or country) Germany

. MAIDEN NAME Katherine Ritz

. BIRTHPLACE (city or town) .....
(State or country) Germany

FORMANT Mrs. Geo. Leimback
(Address) 6211 Pinehurst Road

URIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Nov. 1, 1933

NRY SANDER & SON INC. J. Sander
NDERTAKER
(Address) BROADWAY & BALTIMORE ST.

Huntington Ave & Belair Rd
Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 26 1933 to October 29, 1933

I last saw h.. alive on October 29, 1933 Death is said to have occurred on the date stated above, at 2.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-28-1933

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. L. Lordy M. D.

(Address) Harford Rd & Overland Ave

B. 1268-9 E/94828 E/94828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1833 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Found floating in the water at 15-501
Y OF BALTIMORE: (No. Union Ship Building Co Fairfield Ward)

th of residence in city or town where death occurred 42 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William J. Satterfield.

(a) Residence: No. 3910 Boarman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married. XXXXXXXXXXX
USBAND of XXXXXXX Certrude M. Satterfield

TE OF BIRTH (month, day, year) December 5, 1890

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman, 1b2

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Dry Docks

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Lyman Satterfield

. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

. MAIDEN NAME Catherine White.

. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Certrude M. Satterfield. (wife)
(Address) 3910 Boarman Ave.

URIAL, CREMATION, OR REMOVAL
Place Lorraine Cook Co. Date 11/1 193

NDERTAKER Wm. Cook
(Address) 1217 S. Paca St.

LED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Missing October 23, 1933 Found October 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Accidental Drowning ?.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? autopsy & inquiry. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Probably accidental ?
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? Maryland Dry Docks Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner
10/31/33 (Address) 1017 E. Charles St.

E 94829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 E. 41st St., 9-01 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Margaret Miller

(a) Residence: No. 505 E 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

~~married~~, widowed, or ~~divorced~~
~~WIFE~~ (or) WIFE of Frederick Miller

DATE OF BIRTH (month, day, year) Oct 21st 1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	0	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Germany

NAME George V. Scharfer

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Elizabeth Dring

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Christopher Miller

(Address) 505 E. 41st St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 2nd 1933

UNDERTAKER John Cook

(Address) 1217 E Baltimore St

NOV 1 - 1933 Washington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from 1928 to Oct. 30 1933

I last saw her alive on October 30 1933 Death is said to have occurred on the date stated above, at 8.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Other contributory causes of importance: Cerebral Thrombosis	Oct 25 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Fuller M. D.

(Address) 2436 Maryland Ave

D. B. 1268-9 E 94830 E 94830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 N. Payson St. 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Marion R. Danson

(a) Residence: No. 1001 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~
~~HUSBAND of~~
(or) WIFE of Wiles W. Danson

DATE OF BIRTH (month, day, year) Apr 8th 1889

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	6	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (City or town) Balto (State or country) Md.

NAME John Rumpf

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Julia

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Wiles W. Danson

(Address) 1001 N. Payson St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 2nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 11-1-1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30th, 1933 to Oct 30th, 1933

I last saw her alive on Oct. 30th, 1933 Death is said to have occurred on the date stated above, at 3 41 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Partem Uterine Hemorrhage	Oct 30 1933
Other contributory causes of importance: Child Birth Retained Placenta	10/30/33

Name of operation Delivery of Child Date of 10/30/33

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Elbert C. Reitzel M. D.

(Address) 2245 Reisterstown Rd Balto Md

E 94834 — E 94831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Hull St., 24 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Harriett I. Shaw

(a) Residence: No. 1226 Hull St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
~~Male~~	White	Widowed

~~married~~, widowed, ~~or divorced~~
(or) WIFE of William L. Shaw

DATE OF BIRTH (month, day, year) Mar 24th 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	7	5	

Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Billy West

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Hattie Moore

(Address) 1226 Hull St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Nov 2nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19... by ... Registrar

T - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1933 to Oct 29 1933

I last saw h~~e~~r alive on Oct 29 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage - Edema	3 days
Other contributory causes of importance:	
Gangrene	8 hrs.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) R G Moore M. D.

(Address) 176 Collington Ave

E 94832

D. B. 12654

E 94832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital 23-01 Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Emmerich (Emmerich).

(a) Residence: No. 1413 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (~~or WIFE~~ of) Caroline Emmerick

DATE OF BIRTH (month, day, year) ~~Dec~~ Jan 14th 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Dr's)

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McKenzie Steel Co

8. Date deceased last worked at this occupation (month and year) Oct 1932

11. Total time (years) spent in this occupation 2 yrs

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME William Emmerich

BIRTHPLACE (city or town) (State or country) Balto Md

12. MAIDEN NAME Henrietta T. Demme

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Wm E. Emmerich

(Address) 2010 Dakland Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 2nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1933 to Oct. 30 1933

I last saw him alive on Oct. 30 1933. Death is said to have occurred on the date stated above, at 1.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio-sclerosis	
Ruptured aneurysm of aorta	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

C. J. Throop Jr. M. D.

(Signed)

(Address) Union Hospital

E 94833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94833

54-005

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kernan Hospital ST. 8-01 WARD)

2-FULL NAME Mary Dolores Westcott

(a) RESIDENCE NO. 1619 N. Milton Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) April 24, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. md.

10 NAME OF FATHER John J. Westcott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dorothy C. Krause

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mr. John J. Westcott

(Address) 1619 N. Milton Ave

Filed 11-1-1933 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31, 1933

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to Oct. 31, 1933, that I last saw h.. alive on Oct. 31, 1933, and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows:

Multiple exostosis (Schueller-Christian's disease)

(duration) 2 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? 0 Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? x ray of Skull

(Signed) Charles N. Walker Jr. M. D.

10/31, 1933 (Address) Kernan's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Nov. 2nd 1933

20 UNDERTAKER Henry Houck Sons, Inc. — ADDRESS 1301 E. Eager St.

—12-9-25—A Co—300 10[illegible]

E 94834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94834

CERTIFICATE OF DEATH.

93-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH 2106

of BALTIMORE: (No. 2106 Fleet st. St. 1-01 Ward)

2-FULL NAME Michael Damasiewicz

(a) RESIDENCE NO. 2106 Fleet Street St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
[illegible]le	White	Widower

married, widowed, or divorced
HUSBAND of (or) WIFE of the late Agnes Damasiewicz

TE OF BIRTH (month, day, and year) 1871

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
62			

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Real Estate Agent

) General nature of industry, siness, or establishment in ich employed (or employer) for Self 045

) Name of employer

THPLACE (city or town) Poland
tate or country)

NAME OF FATHER Joseph Damasiewicz

BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

Informant Mr. Walter Damasiewicz
(Address) 6437 Eastern Ave.

led [illegible] 1933 Huntington Williams

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arterial hypertension

(duration) .....yrs. .....mos. .....ds.

(Signed) Jos. Heuisler M. D.
(Coroner)

, 19 (Address) 1305 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 11/1 1933

20 UNDERTAKER John M Weber ADDRESS 402 E. Chase

B. 1268-9 E 94835

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94835

CERTIFICATE OF DEATH

93-001

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. 620 S Luzerne St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Haas

(a) Residence: No. 620 S Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia A

TE OF BIRTH (month, day, year) March 11 1863

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	69	7	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Germany

. NAME Martin Haas

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Catherine Krug

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Carrie Haas
(Address) 620 S Luzerne

URIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Nov. 2, 1933

NDERTAKER Tilly & Zeiler Inc
(Address) 423 S Wolfe St

ED 1-1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P m

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Acute Indigestion

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B J Neberg MD M. D.
Coroner

(Address) 305 S Patterson Park

B. 1268-9 E 94836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94836

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 625 S Port St. 1-01 Ward)

th of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Katherine E Peterson

(a) Residence: No. 625 S Port St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of or) WIFE of Peter A Peterson

TE OF BIRTH (month, day, year) Jan 4

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	9	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

RTHPLACE (city or town) Balto Md
State or country)

NAME Herman Kiner

BIRTHPLACE (city or town) Germany.
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Peter A Peterson
Address) 625 S Port St

RIAL, CREMATION, OR REMOVAL

lace Balto Cemetery Date Nov. 1 - 19 33

DERTAKER Lilly & Ziler Inc

Address) 703 E Pratt St

D - 1933 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E E Berg M D M. D.
Coroner

(Address) 305 N Patterson Pk

D. B. 1268-9 E 94837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94837

CERTIFICATE OF DEATH

√ 47

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 4109 Overlea ave St. 27-06 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Nicholas Leonard.

(a) Residence: No. 4109 Overlea ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

f married, widowed, or divorced, HUSBAND of (or) WIFE of Violate Theresa Leonard

ATE OF BIRTH (month, day, year) Feb. 28th 1860

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	8	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Md.

. NAME Anthony Leonard

. BIRTHPLACE (city or town) (State or country) Germany.

. MAIDEN NAME ?

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mrs. Joseph Smith (Daughter)

(Address) 4107 Overlea ave.

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 4 1933

NDERTAKER Albert Heller Inc.

(Address) 702 S. Wolfe St.

ED 11-1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25th 1933, to Oct 30th 1933

last saw h... alive on Oct 30 1933 Death is said to have occurred on the date stated above, at 8 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	July 1933

Other contributory causes of importance:

metastasis Cervical glands	July 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert F. Bonser M. D.

(Address) 1211 Cathedral

c.—9 30—A. & Co.—250 Bks.

E 94838

E 94838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No 3324 Hudson St. ST. 1 WARD)

2-FULL NAME Alice Henderson

(a) RESIDENCE NO. 3324 Hudson St. ST. 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

f married, widowed, or divorced HUSBAND of (or) WIFE of single

ATE OF BIRTH (month, day, and year) Sept 11 1885

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	1	19	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Balto Md.

NAME OF FATHER John Henderson.

BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

MAIDEN NAME OF MOTHER Anna Powern.

BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

nformant John Henderson (brother)
Address) 3324 Hudson St.

filed - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30/33.

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Oct 30, 1933

that I last saw h-er alive on Oct 29, 1933

and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Horace B Tetlow M. D.

10/30, 1933 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemt. DATE OF BURIAL Nov 2. 1933

20 UNDERTAKER Kilby & Zeiler Inc. ADDRESS 403 Wolfest.

No. 5-31 250B E 94839

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94839

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 419 N. Gilmor st. St. 19-01 Ward)

th of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Jane Brown

a) Residence: No. 419 N. Gilmor st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Negro	Wid.

6. If married, widowed, or divorced
WIFE of (or) HUSBAND of Solomon Brown

7. DATE OF BIRTH (month, day, year) Jan. 29th. 1872

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	9	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) State or country) Acomac Co., Va.

NAME Solomon Curtis

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Elizabeth Curtis

BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Nellie Parker (Daughter)

Address) 419 N. Gilmor st.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Nov 1. 1933

UNDERTAKER Thomas E. Kelson

Address) 1303 Pleasant st

FILED Nov 1 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1933 to Oct 29th, 1933

I last saw her alive on Oct 28th, 1933 death is said to have occurred on the date stated above, at 1.25 a.m

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset 10-1-1933

Other contributory causes of importance:

Chronic Inter. Nephritis — 1-1 1933

Name of operation Urinalysis and Phy. Exam. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st

B. 1268-9 E 94840

E 94840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Park Ave St. 11-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Jane Cole

(a) Residence: No. 908 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced, WIFE of (or) HUSBAND of: Jos Cole

7. DATE OF BIRTH (month, day, year): June 5 1859

8. AGE: Years 40 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

10. BIRTHPLACE (city or town) (State or country): Balto md

NAME OF FATHER: John Sollers.

BIRTHPLACE (city or town) (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lena Butler

BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Jos. Cole

Address: 908 Park Ave

BURIAL, CREMATION, OR REMOVAL: Alpha Lodge Calvert Co Md, Date Nov 1, 1933

UNDERTAKER: Thomas E. Kelson

Address: 120 W Lexington Huntington Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 30 — 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Duration

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: Required Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Blank M. D.
Coroner

(Address)

D. B. 1268-9 E 94841

225 E 94841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 Winfield Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 22 yrs. ... mos. ... ds.

FULL NAME Fannie Buch Kalter

(a) Residence: No. 3030 Winfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Oscar

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Austria

10. NAME Jacob

11. BIRTHPLACE (city or town) (State or country) Austria

12. MAIDEN NAME Mandel

13. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Mr Schwartz
(Address) Same

BURIAL, CREMATION, OR REMOVAL
Place New York. Date 11/1/33 19...

UNDERTAKER Jacob Louis Sons
(Address) 1759 E. Baltimore St

FILED ... 19... Huntington Williams

No. 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31/33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1932 19... to Oct 31 1933
I last saw h alive on Oct 31 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	
Cardiac insufficiency	
and mitral stenosis	
Other contributory causes of importance	
Myocarditis	
acute dilatation	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Maurice Frederick M. D.

(Address) 225 Cathedral St

D. B. 1268-9

E 94842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94842

CERTIFICATE OF DEATH

v 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6028 Old Harford Rd. Ward) 7-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nelson Dennard Elliott

(a) Residence: No. 6028 Old Harford Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Elliott

6. DATE OF BIRTH (Month, day, year) January 28th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

13. NAME OF FATHER John J. Elliott

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME OF MOTHER Mary C. Shingate

16. BIRTHPLACE (city or town) (State or country) Dorchester Co.

17. NAME OF INFORMANT Mary Elliott

(Address) 6028 Old Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 2, 1933

19. UNDERTAKER Ashley Burns Sons

(Address) Towson

20. FILED Nov 2 1933 Wilkins MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) October 31st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933 to Oct 31st, 1933

I last saw h.. alive on Oct 28th, 1933. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Jurgens Otto III M. D.

(Address) 401 E 25th St

D. B. 1268-9 E 94843

E 94843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1426 Richardson Street Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Edward Johnson

(a) Residence: No 1426 Richardson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Infant

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Oct 31 1933

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Hours				

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) (State or country) Balto Md

NAME Richard Johnson

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Barbra Schrettle

BIRTHPLACE (city or town) (State or country) Balto Md

FORMANT Mr Barbra Johnson

(Address) 1426 Richardson St

RIAL, CREMATION, OR REMOVAL

Place Baltimore City Date Oct 31 1933

NDERTAKER Chas J Burns

(Address) 1501 E Fort Ave

LED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1933.

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1933 to October 31, 1933

I last saw him alive on October 31, 1933 Death is said to have occurred on the date stated above, at 8.20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
6½ month baby	

Other contributory causes of importance:

Patent foramen ovale - Presentation both

Name of operation none Date of ...

What test confirmed diagnosis? Physical examination Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

D. B. 1268-9 E 94844

E 94844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21-C Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Caroline Schmidt

(a) Residence: No. 1023 Russell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H. Schmidt

DATE OF BIRTH (month, day, year) Dec 13-1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Cato
(State or country) Md

13. NAME Frederic Gundlach

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Lena Wende

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Hospital Records
(Address) Mercy Hospital Baltimore Md

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Nov 2 1933

UNDERTAKER E. Schlosman & Son
(Address) 1039 Hanover St

FILED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Oct 30 1933

I last saw h[illegible] alive on Oct 30 1933 Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Gall Bladder	
Local extension to abdominal wall	?
Uremia	
Other contributory causes of importance:	
Arteriosclerosis Cardio Vascular	?
Anemia	
Emphysema	?

Name of operation Exploratory Date of 10/19/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Dyer M. D.

(Address) Mercy Hospital

E 94845

D. B. 1268-84 E 94845

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 V

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Tb.)

TY OF BALTIMORE: (No. St., 17-01 Ward)

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Epps

(a) Residence: No. 538 Moore st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Epps

ATE OF BIRTH (month, day, year) March 1, 1889

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	7	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
8. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

IRTHPLACE (city or town) Atlanta
(State or country) Georgia

9. NAME Inson Epps

10. BIRTHPLACE (city or town) Covington
(State or country) Georgia

11. MAIDEN NAME Fannie Wright

12. BIRTHPLACE (city or town) Covington,
(State or country) Georgia

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 11/1 1933

NDERTAKER Samuel J. Hemsley
(Address) 578 Middle St

LED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1933 to Oct. 29, 1933

I last saw him alive on Oct. 29, 1933 Death is said to have occurred on the date stated above, at 10.55 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Other contributory causes of importance:	
Fibroid pulmonary tubercu-losis	Unknown

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

D. B. 12[illegible] E 94846 E 94846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Provident Hospital St. 14-6 Ward)

gth of residence in city or town where death occurred ..yrs. ..mos. 6 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME Howard Gaither

(a) Residence: No. Glenburnie, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Negro	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elgenia Gaither

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
48	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland
(State or country)

9. NAME Da Ground

10. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Da Ground

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Elgenia Gaither, wife
(Address) Glenburnie, Md.

BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Cem Date 11/2 19 33

UNDERTAKER Samuel T. Hemsley & Co.
(Address) 2[illegible] Pine St.

FILED [illegible] Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-25-33, 19 to 10-31-33, 19

I last saw him alive on 10-31-33, 19 Death is said to have occurred on the date stated above, at 11:27 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from Hypertrophy of Prostate	10-25-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Willis Dorsey Foster, M. D.

(Address) Provident Hospital

D. B. 1268-9 E 94847 E 94847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 543 N Pulaski St. 20-21 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth 52 yrs. mos. ds.

2. FULL NAME Catherine E Cross

(a) Residence: No. 543 N Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Edw J Cross

6. DATE OF BIRTH (month, day, year) Dec 12 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Maurice O Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Conroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ellen M Cross

(Address) 543 N Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 11/2 1933

19. UNDERTAKER Joseph Sterling

(Address) Fulton Ave

20. FILED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1932 to Oct 30 1933

I last saw her alive on Oct 30 1933 Death is said to have occurred on the date stated above, at 12 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma	9/2/32
Other contributory causes of importance:	
Arterio Sclerosis	1930

Name of operation Abdominal Date of 9/2/32

What test confirmed diagnosis? microscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M A O'Neill M. D.

(Address) 108 N Fulton Ave

—1-12-23—M&T—500 Blks. E 94848 ✓ E 94848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2111 - Oak ST. 12-01 WARD)

2-FULL NAME Randolph Johnson

(a) RESIDENCE NO. 2111 - Oak St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
w	col	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, and year) May 5 - 1910

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	26.	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Waiter 070

) General nature of Industry, siness, or establishment in hich employed (or employer)

) Name of employer

THPLACE (city or town) Hanover Va.
tate or country)

NAME OF FATHER J. P. Johnson

BIRTHPLACE OF FATHER (city or town)
(State or country) Hanover Va.

MAIDEN NAME OF MOTHER Henrietta Jones

BIRTHPLACE OF MOTHER (city or town)
(State or country) Hanover Va.

Informant Carrie E. Johnson
Address) 2111 Oak St.

Filed [illegible] 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1933, to Oct 31, 1933,

that I last saw h[illegible] alive on Oct 30, 1933

and that death occurred, on the date stated above, at 5:55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum.

(Signed) L. A. Johnson M. D.

, 19 (Address) 2111 Oak St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashland Virginia — DATE OF BURIAL Nov 1st 1933

20 UNDERTAKER Reinhardt & Gaddis — ADDRESS 2[illegible] W. Saratoga St.

E 94849

E 94849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 1-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anton Arnold, Sr.

(a) Residence: No. 809 Linwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 5, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enameler

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keasbeth Co.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

6. NAME John Arnold

7. BIRTHPLACE (city or town) (State or country) Germany

8. MAIDEN NAME Anna Krusenda

9. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Friend
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 11/3 1933

UNDERTAKER John J. Connelly
(Address) Essex Md.

FILED 1933 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1933 to Oct 31 1933

I last saw him alive on Oct 31 1933 Death is said to have occurred on the date stated above, at 6 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Interstinal Gangrene	3
Cerebral Hemorrhage, Apo	19 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I Phazel M. D.

(Address) Balt City Hosp

B. 1268-A E 94850 ✓ E 94850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred. ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME Bertina Gross

(a) Residence: No. 1136 Warner St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

inarried, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb 12 - 1914

E	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	14	8	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME Wm Gross

BIRTHPLACE (city or town) (State or country) md

MAIDEN NAME Eliz. Smith

BIRTHPLACE (city or town) (State or country) Md

FORMANT Eliz. Gross

Address) 1136 Warner St

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary ct Date 11/2 ..., 1933

DERTAKER Sarah E Brown Son

Address) 1019 W Monument St.

AON Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h alive on ..., 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	
due to tubo-ovarian	
abscess	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94851

94851

CERTIFICATE OF DEATH.

82-001 REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of BALTIMORE: (No. 1013 Bennett Pl St. 18-01 Ward)

2-FULL NAME John T. Joyce

(a) RESIDENCE NO. 1013 Bennett Pl St. Ward

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Colored.	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, and year) 1865

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
65			

UPATION OF DECEASED

Trade, profession or ticular kind of work none

General nature of industry, iness, or establishment in ch employed (or employer) —

Name of employer —

THPLACE (city or town)

ate or country) Maryland

NAME OF FATHER John Joyce

BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

MAIDEN NAME OF MOTHER Keziah Kelly

BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant Mary Scott

Address) 1013 Bennett Pl

1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 31 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 19 33, to Oct 31, 19 33, that I last saw him alive on Oct 30, 19 33, and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) 8 yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! no Date of

Was there an autopsy! no

What test confirmed diagnosis! none

(Signed) Edwin K Ballard M. D.

11-1, 19 33 (Address) 622 Mt Royal Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial Nov. 3 19 33

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 1129 N. Caroline

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94852

CERTIFICATE OF DEATH

97 E° 01 94852

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 17-01 (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Samuel Duncan

(a) Residence: No. 1105 Myrtle Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Duncan

DATE OF BIRTH (month, day, year) March 25 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Accomac Co Va

12. NAME Fred Duncan

13. BIRTHPLACE (city or town) (State or country) Accomac Co Va

14. MAIDEN NAME Margt Killum

15. BIRTHPLACE (city or town) (State or country) Accomac Co Va

INFORMANT Mary Thomas

(Address) 1105 Myrtle Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov. 2, 1933

UNDERTAKER Mrs. Katie R Williams

(Address) 3221 Edmondson Ave

DATE RECEIVED Nov 1 1933 Washington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h— alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B P Thomas M D M. D.

Coroner

(Address) 1305 N Fallsway Balto

D. B. 1268-8

E 94853 ✓ E 94853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

8-01

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1207 Rutland ave St. ..... Ward)

gth of residence in city or town where death occurred 64 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George L. Burnier

(a) Residence: No. 1207 Rutland ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Lena Burnier

ATE OF BIRTH (month, day, year) Feb 27-1869

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin & Sheet Worker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 084

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Baltimore
(State or country) Md.

3. NAME John Burnier

4. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

5. MAIDEN NAME Not known

7. BIRTHPLACE (city or town) Not known
(State or country)

NFORMANT Mrs. Lena Burnier

(Address) 1207 Rutland ave

URIAL, CREMATION, OR REMOVAL

Place Baltimore Am Date Nov 2 19 33

NDERTAKER George W. Zibler

(Address) 1737 E. Eager St

ILED Nov 3 1933 Registrar

-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 . 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28 1933 to Oct 30 1933

I last saw h.. alive on Oct 29 1933 Death is said to have occurred on the date stated above, at 12.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Bronchitis	1 yr
Other contributory causes of importance:	
Pulmonary Edema	3 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward Lee M. D.

(Address) 413 N. Gilmor

8-16-29—L. F. 8

E 94854

✓ E 94854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

Y OF BALTIMORE (No. 2216 McCulloh ST., Baltimore WARD)

—FULL NAME Carrie Church

) RESIDENCE NO. 2206 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Colored	Married

arried, widowed, or divorced
HUSBAND of Alfred
(or) WIFE of

TE OF BIRTH (month, day, and year) ?? 1899

Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

UPATION OF DECEASED

Trade, profession or icular kind of work Housewife 37

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

THPLACE (city or town) Md.
te or country)

NAME OF FATHER Warren Pleasant

BIRTHPLACE OF FATHER (city or town) Md
(State or country)

MAIDEN NAME OF MOTHER Cochran

BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

nformant Alfred Church

Address) 2206 McCulloh St

iled 10-31-1933 Huntington Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-29-33

17 I HEREBY CERTIFY, That I attended deceased from 10-19-33, 19..., to 10-29-, 1933, that I last saw h[illegible] alive on 10-29-, 1933, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. J. Barksdale, M. D.

, 19 (Address) 526 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 11/1/33 19

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 David Hill

D. B. 1268-9

E 94855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94855

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital 14-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 30 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mathias Bamford

(a) Residence: No. 1407 Madison ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia

6. DATE OF BIRTH (month, day, year): ? 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Mathias Bamford

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Lillie Hamin

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Sophia Bamford

(Address): 1407 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: 11/2/33

19. UNDERTAKER: Mrs. George E. Holland

(Address): 1611 Druid Hill ave

20. FILED ..... 19 ..... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933 to Oct 31, 1933

I last saw h-im alive on Oct 31, 1933. Death is said to have occurred on the date stated above, at 3 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	6 days

Other contributory causes of importance:

Volvulus	6 days

Name of operation: Laparotomy & Release of Obstruction Date of: 10/31/33

What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Bradhurst Higgins M. D.

(Address) Provident Hospital

B. 1268-9 E 94856 ✓ E 94856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 617 Archer St. St. 21-01 Ward)

h of residence in city or town where death occurred 10 yrs. ---mos.---ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ruth Hawkins.(C)

(a) Residence: No. 617 Archer St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, ~~XXXXXXXXXX~~ of
or) WIFE of Howard Hawkins.(C)

TE OF BIRTH (month, day, year) Do not know.

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	-------		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Virginia.

NAME John Williams.(C)

BIRTHPLACE (city or town) (State or country) Virginia.

MAIDEN NAME Do not know.

BIRTHPLACE (city or town) (State or country) Do not know.

FORMANT Robert Hill.(C) son.
Address) 617 Archer St.

RIAL, CREMATION, OR REMOVAL

Place Johnson County Date 11/1/ 33

DERTAKER Walter B. Phillips
Address) 1330 Harris Ave.
Huntington, West Va.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of No

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt Coroner, M. D.

10/30/33 (Address) 1017 S. Charles St.

o. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94857

857

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 517 Bloom St. 14-01 Ward)

th of residence in city or town where death occurred ...yrs. 2 mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Alice Banks

a) Residence: No. 517 Bloom St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

x	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widow

married, widowed, or divorced
HUSBAND of
ori WIFE of Silas Banks

TE OF BIRTH (month, day, year) [illegible] 1870

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	63			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible] 70

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) Balto
State or country) Md

NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

FORMANT Jones Cornelius Dowell

Address)

RIAL, CREMATION, OR REMOVAL

lace Int Auburn 11-1 1933

DERTAKER Geo. A. Gilson

Address 1235 Harford Ave

1933 ... Lexington Millinery Co

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/2, 1933, to 10/30/33, 1933.

I last saw h... alive on 10/2/, 1933 death is said to have occurred on the date stated above, at ... p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocarditis	
Chronic Nephritis	
Uremia Duration 1 yr	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 2126 E ...

D. H. 1268-9

E 94858 ✓ E 94858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. [illegible]

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5000 Division St.) (St. 28-Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Marie Manser

(a) Residence: No. 5000 Division St., 28 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Manser

6. DATE OF BIRTH (month, day, year): Jan. 30. 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME Frederick Theis

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Marie Frese

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Mrs. Henry Theis

(Address) 5000 Division St

18. BURIAL, CREMATION, OR REMOVAL

Trinity Cemetery Date Nov. 2. 1933

19. UNDERTAKER HENRY SANDER & SONS. INC. Sander.

(Address) Lexington & Broadway. Baltimore

FILED [illegible] 19 [illegible]

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22. 1933 to Oct 30 1933

I last saw her alive on Oct 29 1933 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 22
Other contributory causes of importance: Nephritis	7 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Geo. H. Everhart M. D.

(Address) 5109 Harford Ave

D. B. 1268-9

Hammel

E 94859

4859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 N. Washington St. Ward 10th)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George J. Hammel

(a) Residence: No. 1825 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single 1871

7. DATE OF BIRTH (month, day, year) Aug. 17, 1871

AGE	Years	Months	Days	If less than 1 day, ... hrs. or ... min.
	62	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Business 615

10. Date deceased last worked at this occupation (month and year) About 2 yrs

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Mathias Hammel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Kate Manikand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Brother Hammel

(Address) 1825 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL Laurel Hill Mem. Park

Place Interment Comm. Room, 19 33

19. UNDERTAKER Edward W. Scanlon

(Address) 2317 E. Lexington St.

Lexington Williamson Funeral Home

1933 OPA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to Oct 30, 1933

I last saw h. alive on Oct 30, 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jacob Fiehn M. D.

(Address) 1823 N. Mar 26

B. 1268-9

E 94860

860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH President Hosp. St., 17-21 Ward)

OF BALTIMORE, Md.

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Carey

(a) Residence: No. 703 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col	Single

married, widowed, or divorced
USBAND of
er) WIFE of

E OF BIRTH (month, day, and year) about 1893

Years	Months	Days	If LESS than 1 day, hrs. or min.
out 40			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

RTHPLACE (city or town, State or country) Unknown

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT (Address) A. W. Police Record

RIAL, CREMATION, OR REMOVAL

Place Lorraine, Md Date Nov 1 at 19 33

DERTAKER Commissioner Health.
(Address) Huntington Williams, M.D.

E Oct 3 19 33 R. S. N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22nd 19 33

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h[illegible] Suspect + Autopsy

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Homicide

Hemorrhage due to Stab wound of heart and lung

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis: Was there an autopsy? Yes

23. If death was due to external causes (Violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 19

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Falk Coroner, M. D.

(Address)

E 94861

D. B. 1268-9

E 94861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3010 Clifton Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John W. H. Boone

(a) Residence: No. 3010 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Duff Boone

7. DATE OF BIRTH (month, day, year) April 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederico Delaware

13. NAME OF FATHER James Perry Boone

14. BIRTHPLACE (city or town) (State or country) Frederico Delaware

15. MAIDEN NAME OF MOTHER Mary E. Harrington

16. BIRTHPLACE (city or town) (State or country) Frederico Delaware

17. INFORMANT Mrs. Bessie Boone Kelly
(Address) 830 13th Ave. Prospect, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov. 4, 1933

19. UNDERTAKER Wm. J. Tickner & Son
(Address) Ford & Pa Ave.

20. Huntington Williams M.D.
Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from June —, 1932 to Oct 31st, 1933

I last saw him alive on Oct 31st, 1933 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral - Vascular Renal Disease	

Other contributory causes of importance:

Decompensation
Incompatible
Cliff None

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Duff Boone M.D.

(Address) 224 S. W. North Ave.

D. B. 1262-3 E 94862 ✓ E 94862

HEALTH DEPARTMENT—CITY OF BALTIMORE

278.370

CERTIFICATE OF DEATH

59

Registered No.....

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-61 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Petrona Montegna

(a) Residence: No. 1115 Preston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7-68-

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2-51			

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-work

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Italy.

13. NAME Peter Ma Pace

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Maria

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Relative

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Nov 4 1933

UNDERTAKER Richard F Curley

(Address) 100 So North ave

FILED Nov 3 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29. 1933 to Nov-1- 1933

I last saw h[illegible] alive on Nov 1 1933 Death is said to have occurred on the date stated above, at 1200A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic endocarditis, mitral stenosis auricular fibrillation, cerebral embolism.	
Other contributory causes of importance: Diabetes mellitus Bronchopneumonia	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clarence Leigh Lman M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

✓ E 94863

4863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 7-01 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Brown

(a) Residence: No. 534 West Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Brown

6. DATE OF BIRTH (month, day, year) Nov. 20 - 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Wm E. Mitchell

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Lander Howard

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Charles S. Brown

(Address) 534 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date Nov 2 1933

19. UNDERTAKER Samuel M. Etzwiler

(Address) 638 E. Lanvale St

20. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1933 to October 30, 1933

I last saw her alive on October 30, 1933 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma ovary	?
metastases to mesenteric glands	
peritoneum - adrenals.	
2. Myomata uteri	?

Other contributory causes of importance:

1. Toxaemia
2. Ind anaemia
3. Pulmonary congestion-terminal

Name of operation colpotomy Date of 10-30-33

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) St. Joseph Hospital

E 94864

o. 5-31 250m

4864 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 335 N. Calhoun St., 19-01 Ward)

th of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Erma Louise Virgil

a) Residence: No. 335 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Nov. 7. 1907

E Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trained Nurse

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nursing

Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 4yrs

IRTHPLACE (city or town) Baltimore, Md
State or country)

NAME Samuel A. Virgil

BIRTHPLACE (city or town) North Dakota
(State or country)

MAIDEN NAME Ellen Dickerson

BIRTHPLACE (city or town) Md
(State or country)

FORMANT S. A. Virgil
Address) 335 N. Calhoun St

RIAL, CREMATION, OR REMOVAL

Place Laurel Date Nov 2 1933

NDERTAKER Lord & Linder & Son
Address) 208 N. Eutaw

D 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933 to Oct 30, 1933

I last saw h. alive on Oct 30, 1933 death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. P. E. Bell M. D.

(Address) 1130 N. Gilmor St.

D. B. 1268-9

E 948655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

177731

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ..... yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Nellie White

(a) Residence: No. 200 E 29th St St., ... Ward. Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

f married, widowed, or divorced (or) WIFE of Logan

ATE OF BIRTH (month, day, year) 12/13/1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	10	18	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Va.
(State or country)

. NAME Charles E Powell

. BIRTHPLACE (city or town) Va
(State or country)

. MAIDEN NAME Annie E Bonnewell

. BIRTHPLACE (city or town) Va
(State or country)

NFORMANT Mrs Edna White

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date Nov 3 1933

NDERTAKER Robert D Mitchell Co

(Address) Baltimore Md

1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-31 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27th. 1933 to Oct. 31 1933

I last saw h.r alive on Oct-31 1933 Death is said to have occurred on the date stated above, at 10.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Pancreas	Years ago
Carcinoma, Liver, metastatic	" "
Pulmonary Edema	10-31-33

Other contributory causes of importance:

Name of operation Laparotomy Date of 10-12-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert A. Daniels M. D.

(Address) Johns Hopkins Hospital.

c.—9 30—A. & Co.—250 Bks

E 94866

4866 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

TY OF BALTIMORE: (No 232 Monastery ave ST 70-21 WARD)

2. FULL NAME Ellen Falcon

(a) RESIDENCE NO 232 S. Monastery Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Widowed

f married, widowed, or divorced HUSBAND of (or) WIFE of Bernard J Falcon

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	67 or 68			

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

IRTHPLACE (city or town) (State or country) Ireland

0 NAME OF FATHER J Mc Granahan

1 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

2 MAIDEN NAME OF MOTHER Unknown

3 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs. Mary Falcon

(Address) 232 S. Monastery

Huntington Williams, M.D.

19 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-30-33

17

I HEREBY CERTIFY, That I attended deceased from Dec 1- , 1929 to Oct 30- , 1933

that I last saw h alive on Oct 30- , 1933

and that death occurred, on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Asthma, Edema, Endocarditis, Chronic Interstitial Nephritis,

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norbert C Peters M. D.

(Address) 3151 Wilkins ave Oct 31/33

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 11/2/33 19

20 UNDERTAKER J Aherns Sons

ADDRESS 1318 Light St.

c.—9-30—A. & Co.—250 Blks.

E 94867

867 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. V 23

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1816 Bell St. (ST.) 24-01 (WARD.)

2. FULL NAME Dorothy C. Dargeon

(a) RESIDENCE NO. 1816 Bell St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dargeon

DATE OF BIRTH (month, day, and year): 12 30 1912

AGE.	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) State or country: Md.

NAME OF FATHER: Chas Kruchnicki

BIRTHPLACE OF FATHER (city or town) (State or country): Md.

MAIDEN NAME OF MOTHER: Vina Riley

BIRTHPLACE OF MOTHER (city or town) (State or country): Catt Conn

Informant (Address): John Dargeon 1816 Bell St

Filed 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 11/1/33

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933, to Oct 31, 1933, that I last saw her alive on Oct 30, 1933, and that death occurred, on the date stated above, at 12.10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Edw. Smith M. D.

11/1, 1933 (Address) 910 Light St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral — DATE OF BURIAL: 11/3/33

20. UNDERTAKER: J. Wilkes & Son — ADDRESS: 918 Light

E 94868

D. B. 1268-9
868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No.....

PLACE OF DEATH

TY OF BALTIMORE (No. Baltimore City Hospitals 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Henrietta Rudolph

(a) Residence: No. 2636 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Sept 21, 1856 ~~1858~~

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	1	11 10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

. NAME Francis Rudolph

. BIRTHPLACE (city or town)
(State or country) Germany

. MAIDEN NAME Catherine Fleming

. BIRTHPLACE (city or town) ?
(State or country) Germany

FORMANT Richard
(Address) Balt. City Hosp.

URIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date NOV. 2 1933

NDERTAKER Herbert Hooke
(Address) 1005 W. Baltimore St.

Director for Wilson & Co.
Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1933, to Nov. 1 1933

I last saw her alive on Nov 1 1933. Death is said to have occurred on the date stated above, at 12 01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, arteriosclerotic	?
Myocardial failure	3 days

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. Rhoads M. D.

(Address) Balt. City Hosp.

D. B. 1268-9

E 94869

869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1711 Ashburton St. 15-01 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If nf fnreign birth? yrs. mos. ds.

FULL NAME John Schramofski

(a) Residence: No. 1711 Ashburton St., Ward.
(Usual place nf abode) (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~
HUSBAND of (or) WIFE of Catherine Schramofski

DATE OF BIRTH (month, day, year) Jan 12th 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupatinn X

BIRTHPLACE (city or town) (State or country) Germany

8. NAME Un Known

9. BIRTHPLACE (city or town) (State or country) Un Known

10. MAIDEN NAME Un Known

11. BIRTHPLACE (city or town) (State or country) Un Known

INFORMANT Catherine Schramofski

(Address) 1711 Ashburton St

BURIAL, CREMATION, OR REMOVAL

Place Queenstown Md Date Nov 2nd, 1933

UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

Filed Nov 3 1933 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933 to Nov 1, 1933

I last saw h~~e~~ alive on Oct 31, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Hemiplegia	

Other contributory causes of importance: Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or hnmicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
~~No~~ If so, specify

(Signed) Chas Dennick M. D.

(Address) 42 E Hoffman St

E 94870

D. B. 1268-9

E 94870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) St. 15-01 Ward)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Mary Carr

(a) Residence: No. 3816 Bonner Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

f married, widowed, or divorced HUSBAND of (or) WIFE of George E Carr

ATE OF BIRTH (month, day, year) 1854

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79				

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Philadelphia Pa

. NAME Anthony Malfuse

. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

. MAIDEN NAME Mary Thompson

. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

NFORMANT Lorraine Caid

(Address) 3816 Bonner Rd

URIAL, CREMATION, OR REMOVAL

Place London Park Date 11/3/33

NDERTAKER Wm H Oak & Son

(Address) 1317 W Pratt St

ILED 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/27/33, 19..., to 10/30/33, 19...

I last saw her alive on 10/30/33, 19... Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	

Other contributory causes of importance:

Senile carcinoma of breast	1924

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Md Gen Hospital

D. B. 1268 E 94871 ✓ E 94871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Mr. George Peters

(a) Residence: No. 1920 Walbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Mary Eva Peters

DATE OF BIRTH (month, day, year) April 30, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	6	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Florist
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

9. NAME C. Geo. Peters

10. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Millie Keen

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Mary E. Peters 1920 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL Place London Park Date 11/4/33

UNDERTAKER (Address) 1314 W. Fayette St

FILED 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-28 1933 to 11-1- 1933

I last saw him alive on 11-1- 1933. Death is said to have occurred on the date stated above, at 10.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	June 1931
auricular fibrillation	
Cardiac Hypertrophy and dilatation	
C. P. C.	
Other contributory causes of importance:	
Acute Cardiac dilatation	11-1-33

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. T. Grauel M. D.

(Address) Md. Gen. Hospital

D. B. 1268-9 E 94872 ✓ E 94872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Maryland Gen. Hospital Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Boy Warner

(a) Residence: No. Glendy, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Oct. 30, 1933

GE Years	Months	Days	If LESS than 1 day, 8 hrs. or ... min.
		1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore, Md.
(State or country)

3. NAME W. C. Warner

4. BIRTHPLACE (city or town)
(State or country)

5. MAIDEN NAME Corrine Rogers

6. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

NFORMANT Rev. Edward A. Tarrish
(Address) 1638 E. Corlane St.

URIAL, CREMATION, OR REMOVAL
Place Lowertsville Date 11-2-33

NDERTAKER J. M. Corbett
(Address) 1217 E. Baltimore St.

D. 1933 H. Leighton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/30 . 1933 to 11/1/33 . 19

I last saw him alive on 11/1 . 1933. Death is said to have occurred on the date stated above, at 8:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10/30/33
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) D. L. Grauer, M. D.

(Address) 2nd Gen. Hospital

E 94873

E 94873

Dr Woody 1140 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Linden Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marie H. Farrie

(a) Residence: No. 1309 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Wht	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1. 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Upper Falls Md

13. NAME of father William Mitchell Ferrie

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

15. MAIDEN NAME of mother Mary Ferrie

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

17. INFORMANT Mrs. H. Farrie

(Address) 1505 Edmondson Ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Co.

Date Nov 3 1933

19. UNDERTAKER Wm Cook & Son

(Address) 1217 Pennsylvania Ave

20. FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Nov 1 1933

I last saw her alive on Nov 1 1933 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis. Date of onset July 1933.
Arterio sclerosis. as above
Hypertension. "

Other contributory causes of importance Pulmonary Edema Nov 30 1933

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Woody M. D.

(Address) 1140 Park Ave.

No. 5-31 25M E 94874 ✓ E 94874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 864 W-37th St., 13-21 Ward)

th of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Charles Edward Ferner.

a) Residence: No. 864 W-37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) Mar 19, 1911

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping clerk
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 4 yrs

RTHPLACE (city or town) Brunswick
(State or country) Md.

NAME James H Ferner.

BIRTHPLACE (city or town)
(State or country) Pa

MAIDEN NAME Florence Hovermale

BIRTHPLACE (city or town) Berkley Springs
(State or country) W Va

FORMANT Florence Ferner.
Address) 864 W-37th St

RIAL CREMATION OR REMOVAL
Lorraine Cem Date Nov 4 1933

NDERTAKER Walter R. McNamee
Address) 4114 Falls Road.

Washington Williams, M.D.
Registrar.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1933, to Oct 31, 1933

I last saw h.. alive on Oct 31, 1933, death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Duration	1930
Other contributory causes of importance:	
Syphilis at Autopsy	Sept 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Francis A. Gallo, M. D.
(Address) 900 E. 37th Street

D. B 1264 E 94875 ✓ E 94875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Berry St St. 27-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Preston Worsdell

(a) Residence: No. 612 Berry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura V Worsdell

6. DATE OF BIRTH (month, day, year) Dec 28 1863

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
69	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) md
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mary Montgomery
(Address) 612 Berry St

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Nov 2, 1933

19. UNDERTAKER Edmondson Lee
(Address) 3614 Edmondson Ave
Huntington Williams, M.D.
Registrar.

20. FILED ..... 19..... 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Oct 31 1933

I last saw him alive on Oct 31 1933 Death is said to have occurred on the date stated above, at 12 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Broncho Pneumonia	10/29/33

Other contributory causes of importance: Senility. Arteriosclerosis. Cerebral hemorrhage.

Name of operation None Date of .....

What test confirmed diagnosis? Physical findings. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. A. Lillard M. D.

(Address) 3614 Falls Rd. Baltimore

B. 1268-A E 94876 ✓ E 94876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3527 Hayward St., 24-01 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alfred H. Bateman

(a) Residence: No. 3527 Hayward ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

3. Single, Married, Widowed, or Divorced (write the word)	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

married, widowed, or divorced
ESBAND of (or) WIFE of Ellen A. Bateman

E OF BIRTH (month, day, year) June 10, 1873

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Md

NAME J. W. Bateman

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Martha C. Cramer

BIRTHPLACE (city or town) (State or country) Md

ORMANT (Address) Ellen A. Bateman 3527 Hayward ave

IAL, CREMATION, OR REMOVAL Loudon Park Cem. Date Nov 2 1933

ERTAKER (Address) Chas. W. Lee & Son 3617 Eastern Ave

D by ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Hugh H. Young M. D.

(Address) 1632 Roland Ave

E 94877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94877

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 W Lexington St. 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Jessie Lawrence

(a) Residence: No. 1511 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 22 1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	2	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) City

NAME Jessie Lawrence

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Wilhelmina McCutcheon

BIRTHPLACE (city or town) (State or country) S Carolina

INFORMANT Hannie McCutcheon

(Address) 1511 W Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 3 1933

UNDERTAKER Thomas E Wyatt

(Address) 1001 Carrollton Ave

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1933, to Nov. 1, 1933.

I last saw her alive on Oct. 31, 1933 Death is said to have occurred on the date stated above, at 109 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	about 1 week
	5 days
Other contributory causes of importance: Rickets	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. H. Pifford M. D.

(Address) 1536 W. Fayette St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94878 94878

CERTIFICATE OF DEATH

107-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Ensor St. 10-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Hollis

(a) Residence: No. 818 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Hollis

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) C

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME George H Hollis

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Mary Stewart

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Hattie Hollis
(Address) 818 Ensor St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date Nov. 3rd 1933

19. UNDERTAKER Bryan & Manuel W. Wright
(Address) 1218 Madison Ave & 1 Liberty St

20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1933 to 10-31-1933

I last saw h alive on 10-31-1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Endocarditis	10/1/33
	Odd
Other contributory causes of importance: Cerebral Hemorrhage	9/1/33

Name of operation C Date of C

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury C, 19

Where did injury occur? C
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place C

Manner of injury C

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Blake M. D.

(Address) 524 Aisquith

D. B. Dept. E 94879 ✓ E 94879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 15-01 (Ward)

Length of residence in city or town where death occurred 26 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leon D. Schoppert

(a) Residence: No. 2788 West North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ethel R. Schoppert

DATE OF BIRTH (month, day, year) Jan 16 1907

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Elmer E. Schoppert

14. BIRTHPLACE (city or town) (State or country) Martinsburg West Virginia

15. MAIDEN NAME OF MOTHER Nettie M. Cook

16. BIRTHPLACE (city or town) (State or country) Martinsburg West Virginia

17. INFORMANT Elmer E. Schoppert

(Address) 2225 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Nov 3. 1933

19. UNDERTAKER John F. Denny

(Address) 16 Light St

20. FILED 19 ~~Eugene Williams~~

2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31. 1933

22. I HEREBY CERTIFY, That I attended deceased from October 28 1933 to October 31 1933

I last saw ~~him~~ alive on October 31 1933 Death is said to have occurred on the date stated above, at 11 30 A. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
1. Acute appendicitis (gangrenous)	10-25-33 ?
2. Peritonitis - localized	
3. Intestinal obstruction - (paralytic ileus)	10-29-33
Other contributory causes of importance:	
1. Toxaemia	
2. Pulmonary congestion (bronchial)	

Name of operation appendectomy Date of 10-28-33

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. M. Wagensteller M. D.

(Address) St. Josephs Hospital

B. 1268-3

E 94880

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94880

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1138 Mosher St., 16-01 Ward)

th of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Harry Herman

(a) Residence: No. 1138 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced. HUSBAND of (or) WIFE of: Kay Herman

TE OF BIRTH (month, day, year): 1882

E	Years: 51	Months	Days: 2	If LESS than 1 day, ... hrs. or ..... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 080

Date deceased last worked at this occupation (month and year): | 11. Total time (years) spent in this occupation: 2

RTHPLACE (city or town) (State or country): Russia

NAME: Leah Herman

BIRTHPLACE (city or town) (State or country): Russia

MAIDEN NAME: Sarah

BIRTHPLACE (city or town) (State or country): Russia

FORMANT (Address): Kay Herman 1138 Mosher

RIAL, CREMATION, OR REMOVAL: Greenmount Ave. Date Nov. 2 1933

DERTAKER: Jos Lennon & Bro

Address: 1127 E Balto St.

2-1933 Washington Nov 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	33
Sudden	

Other contributory causes of importance:

Name of operation: Autopsy Date of: Nov

What test confirmed diagnosis: Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Link Coroner M. D.

(Address) Gordon

C-9-13—H. P. Co.—100-0 Bks.

94881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94881

92-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Whittier Ave) (WARD) 43-01

2-FULL NAME Fannie Stern

(a) RESIDENCE. No. 2301 Whittier Ave ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of or WIFE of: Samuel Stern

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Abraham Gelblum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Leah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Jack Lewis Son 1439 E Baltimore

Filed 11-2-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31/33 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 29 19 33, Oct 31 19 33,

that I last saw her alive on Oct 31 19 33

and that death occurred, on the date stated above, at 7.30 p.m.

THE CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

Signed) B.K. Bergart M.D.

10/31 1933 Address 3455 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Sinai Cem.

DATE OF BURIAL: 11/2/33 19

20 UNDERTAKER: Jack Lewis Son

ADDRESS: 1439 E Baltimore St

Williams

B. 1268-a E 94882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94882

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1515 N. Bradford St. 8-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Martin J. Whelan

(a) Residence: No. 1515 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	married

married, widowed, or divorced
HUSBAND of
or) WIFE of Anna (Bamberger)

TE OF BIRTH (month, day, year) August 11/1877

Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
56	2	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. J. Codd Co

Date deceased last worked at this occupation (month and year) about 2 yrs ago

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME James Whelan

BIRTHPLACE (city or town) (State or country) Ireland?

MAIDEN NAME Catherine ?????

BIRTHPLACE (city or town) (State or country) Ireland ?

FORMANT Anna (Bamberger) Whelan
Address) 1515 N. Bradford St

RIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 5th 1933

DERTAKER John L. Miller
Address) 2435 E. Oliver St

2 - 1933 ... Baltimore ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at about 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Other contributory causes of importance: Pulmonary Tuberculosis	????

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. W. Bauer Coroner, M. D.

(Address) 506 E. North Ave

E 94883

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94883

CERTIFICATE OF DEATH

93-004

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

FULL NAME Samuel C Offey

(a) Residence: No. 10 S. Front St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) 1853

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Pa.

10. NAME OF FATHER James C Offey

11. BIRTHPLACE (city or town) (State or country) Pa

12. MAIDEN NAME OF MOTHER ?

13. BIRTHPLACE (city or town) (State or country) Pa

14. INFORMANT Friends

(Address) Buck City Hosp

15. BURIAL, CREMATION, OR REMOVAL

Place Mt Pauls Date Nov 2 1933

16. UNDERTAKER Peter C Fuller

(Address) 1733 E. Edmondson

17. FILED Nov 2 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18 1933 to Oct. 28 1933

I last saw h[illegible] alive on Oct 28 1933 Death is said to have occurred on the date stated above, at 730 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial failure	Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ? ..... Was there an autopsy ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ? ..... Date of injury ..... 19....

Where did injury occur ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased ? No If so, specify .....

(Signed) I Pharaoh M. D.

(Address) Buck City Hosp

D. B. 1268-9 E 94884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94884

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 76-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth John

(a) Residence: No. 27 S Kinsson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Sex	6. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Tony John

DATE OF BIRTH (month, day, year) July 4, 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Ohio

12. NAME Martin Bosanac

13. BIRTHPLACE (city or town) (State or country) Austria

14. MAIDEN NAME Julia Huriban

15. BIRTHPLACE (city or town) (State or country) Austria

16. INFORMANT Records
(Address) Balt. City Hosp

17. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date Nov. 2, 1933

18. UNDERTAKER John C. Miller
(Address) 2138 E. Baltimore St

19. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1933, to Oct 30, 1933

I last saw her alive on Oct. 30, 1933 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic	2 yrs
Myocardial failure	2 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magee M. D.

(Address) Balt. City Hosp.

B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

4885 E 94885

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Louis R. Simanovich Jr.

(a) Residence: No. 7002 Dunbar Road Dundalk St. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
N	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Oct 31/33

E Years	Months	Days	If LESS than 1 day, hrs. or min.
			13

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto. Co. Md.
(State or country) ~~Baltimore, Md.~~

NAME Louis R. Simanovich, Sr.

BIRTHPLACE (city or town) Poland
(State or country)

MAIDEN NAME Anna ~~Minosik~~

BIRTHPLACE (city or town) Poland
(State or country)

FORMANT Father
Address)

RIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 11/2 1933

DERTAKER
Address) 1217 E. Fayette St.

Huntington Apartments, Md.

D. 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 5.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal hemorrhage ?	
Birth Brain Injury ?	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Baer M. D.
Coroner

(Address) 506 E. Monument

. B. 1268-9

94886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 94886

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3801 Granada Ave. 15-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James T. Graydon

(a) Residence: No. 3801 Granada Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, [illegible] or Divorced (write the word)
LE	WHITE	[illegible]

f married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXX

TE OF BIRTH (month, day, year) FEB. 28, 1893

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	8	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. contractor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

. NAME Joseph G.

. BIRTHPLACE (city or town) Philadelphia
(State or country) Penn.

. MAIDEN NAME Mary Biddle

. BIRTHPLACE (city or town) Maryland
(State or country)

FORMANT Corcoran Graydon
(Address) 3801 Granada Ave

RIAL, CREMATION, OR REMOVAL
Place Louden Park Date 11/3/33 19

NDERTAKER Richard Breyer
(Address) 1020 Ashburton St

D 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Oct 31, 1933

I last saw him alive on Oct 30, 1933 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Rest	Oct 31
Other contributory causes of importance: Alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) A. C. Saunders, M. D.

(Address) 4309 Liberty Hgts

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94887 E 94887

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 344 S Fulton Ave St., 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles C. Londenslager

(a) Residence: No. 344 S Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) May 21, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

13. NAME OF FATHER Jacob C. Londenslager

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

15. MAIDEN NAME OF MOTHER Emma Kelley

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Frank Londenslager
(Address) 1808 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 3, 1933

19. UNDERTAKER J. Brien & Co
(Address) 1432 Eastern Ave

20. FILED Nov 2 1933 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933 to Oct 31, 1933

I last saw him alive on Oct 25, 1933 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/31

Other contributory causes of importance:
Arterio Sclerosis
Chronic Nephritis
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James A. Lazenby M. D.

(Address) 721 Madison Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4888

CERTIFICATE OF DEATH

V94 E 94888

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Matilda Freedman

(a) Residence: No. 3335 E. Ingleside St., Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry C. Freedman

DATE OF BIRTH (month, day, year) Dec 10 1882

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

NAME Isaac Metzger

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Hanna Benkafer

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Henry Freedman

(Address) 3335 E. Ingleside

BURIAL, CREMATION, OR REMOVAL

Place Bal. Hebrew Cemetery Date Nov 3 1933

UNDERTAKER Strauss & Co

(Address) 1422 Eutaw Pl

Date NOV 2 - 1933 Director or Assistant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1933 to Nov. 1, 1933

I last saw her alive on Nov. 1 1933 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance: arteriosclerosis	
angina pectoris.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David H. Andrew M. D.

(Address) Church Home & Infirmary

30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 27-001

889

V 27E 34889

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 5312 Tilbury way ST 27-01 WARD)

FULL NAME Alice C. Stanton

RESIDENCE NO. 5312 Tilbury way ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

If residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	white	widow

ried, widowed, or divorced
RAND of
WIFE of W. Booth Stanton

OF BIRTH (month, day, and year) 7. 3. 1872

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	29 28	

PATION OF DECEASED

rade, profession or ular kind of work none

eneral nature of industry, ss, or establishment in employed (or employer) —

ame of employer —

PLACE (city or town) or country) Maryland

AME OF FATHER Henry C. Hack

RTHPLACE OF FATHER (city or town) Va

te or country)

AIDEN NAME OF MOTHER alice a Woolfall

RTHPLACE OF MOTHER (city or town) Va

te or country)

rmant Miss Alice Taylor

ress) 5312 Tilbury way

NOV 2 - 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 1. 1933

17

I HEREBY CERTIFY, That I attended deceased from Oct 31, 1933, to Nov 1, 1933, that I last saw h alive on Nov 1st, 1933, and that death occurred, on the date stated above, at 8.15 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris with acute dilatation of heart.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. H. Beeton, M. D.

11. 1, 1933 (Address) 1st Washington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

UNDERTAKER Dickuer & Sons

DATE OF BURIAL Nov 3 1933

ADDRESS North & Pa

1-30—M. & T.—250 Blts

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dover

V 45 E 94890

94890

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 3017 Annah ave ST., 16-01 WARD)

FULL NAME Edward Frederick Schultheis

RESIDENCE NO. 3017 Annah ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

If residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	married

rried, widowed, or divorced SBAND of WIFE of Ida Helen Schultheis

OF BIRTH (month, day, and year) June 1st 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
0 yrs	4	30	

PATION OF DECEASED

Trade, profession or cular kind of work Sawyer for

General nature of industry, ess, or establishment in h employed (or employer)

Name of employer

HPLACE (city or town) Baltimore Md

or country)

AME OF FATHER Edward F. Schultheis

RTHPLACE OF FATHER (city or town) Baltimore

ate or country)

AIDEN NAME OF MOTHER Sophia Margaret Saulters

RTHPLACE OF MOTHER (city or town) Baltimore

ate or country)

rmant Ida H. Schultheis

dress 3017 Annah Ave.

d - 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-31-33

17

I HEREBY CERTIFY, That I attended deceased from May, 1933, to 10-31-33, 19..,

that I last saw h~~im~~alive on 10-30-33, 19..,

and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Cancer 9 month

metastasis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Removal June 15, 33

Was there an autopsy? No

What test confirmed diagnosis? Clinical + microscopic

(Signed) Eugene Covington, M. D.

, 19 (Address) 2341 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	11-3 19 33
20 UNDERTAKER Chas A. G. Robide	ADDRESS 2327 Edmondson Ave

D. B. 1268-9

E 94891

1891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1623 W Fayette St. 19-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Archer H Howard

(a) Residence: No. 1623 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie Howard

DATE OF BIRTH (month, day, year) Apr 20 1894

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Radio Service Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/33

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jos. C Howard

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Donahan

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Virgie Howard

(Address) 1625 W Fayette St

BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem Date 11/4 33

UNDERTAKER Geo A Foley

(Address) Fulton & Fayette

FILED 1933 (Signed) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31st 1933 to Nov 1st 1933

I last saw him alive on Oct 31st 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	Years
	Mos
Other contributory causes of importance: Cerebral Hemorrhage	Oct 31 1933

Name of operation ..... Date of —

What test confirmed Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alex A Weinstock M. D.

(Address) 713 August St

D. B. 1268-8 E 94892 E 94892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Brown

(a) Residence: No. 1484 N Mount St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

If married, widowed, or divorced HUSBAND of (or) WIFE of no

DATE OF BIRTH (month, day, year) June 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	4	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT .....

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cemetery of Md Date Nov 2 1933

UNDERTAKER [illegible]

(Address)

FILED ..... 19..... Registrar

1933 09[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1933 to Oct 31 1933

I last saw h.e alive on Oct 31 1933 Death is said to have occurred on the date stated above, at 11 17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Lues	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) J. Rhea Moore M. D.

(Address) Franklin Sq Hosp

for. Dr Reinhart.

D. B. 1268-9 E 94893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94893

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals 4-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William H. Brown

(a) Residence: No. 225 Jasper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah Brown

DATE OF BIRTH (month, day, year): April 15, 1880

AGE: Years 53 | Months 6 | Days 17 | If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R R

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Virginia

13. NAME OF FATHER: Charles Brown

14. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

15. MAIDEN NAME OF MOTHER: Walter ?

16. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

INFORMANT: Records

(Address): Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place: University of Md Date: Nov 2 19 33

UNDERTAKER

(Address)

FILED: 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 29. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1933 to Oct 29 1933

I last saw him alive on Oct 27 1933 Death is said to have occurred on the date stated above, at 7.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Chronic nephritis	?
Myocardial failure	5 mos

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

D. B. 1268-9 E 94894 ✓ E 94894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34

PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto. Md. No-91 St., Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence Ellis

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Fortune

ATE OF BIRTH (month, day, year) 9-12-92

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S. Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Records Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 2nd, 1933

UNDERTAKER
(Address)

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/1933

22. I HEREBY CERTIFY, That I attended deceased from 11-23-1930 to 10/30/1933

I last saw him alive on 10-30-1933 Death is said to have occurred on the date stated above, at 11.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	
Other contributory causes of importance:	
Luetic Infection	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry G. Smith M. D.
(Address) Baltimore City Hospitals

D. B. 1268-9

4895

✓ E 94895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Scott St. 21-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Nazarenus

(a) Residence: No. 8 Glenwood Catonsville Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Christian Nazarenus.

6. DATE OF BIRTH (month, day, year): Aug. 16. 1849

7. AGE: Years 84 | Months 2 | Days 14 15 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Margaret Parks.

(Address) 1138 Scott St.

BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Nov. 3, 1933

UNDERTAKER: Mrs. Mrs. John W. Geipel & Son

(Address) 801 W. Fayette St.

Washington & Baltimore Sts

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 31st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933 to Oct 31, 1933

I last saw he alive on Oct 31, 1933 Death is said to have occurred on the date stated above, at 5.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/1/33

Other contributory causes of importance:

Arteriosclerosis	10 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Stafford Doan M. D.

(Address) 1127 Madison Ave

E 94896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94896

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 E. 34th Street St., 9-01 Ward)

Length of residence in city or town where death occurred 37 Years. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rose Ann Kidd

(a) Residence: No. 1223 E. Lanvale Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James J.Kidd

6. DATE OF BIRTH (month, day, year) Febuary 27, 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	5 4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) New York State

12. NAME James J Hammell

13. BIRTHPLACE (city or town) (State or country) Ireland

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. William Russell

(Address) 614 E. 34th Street

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Nov.4, 1933

UNDERTAKER George A. Tuttle Co

(Address) 1735 Harlem Ave Baltimore, Md
Huntington Millseville, Md

FILED Nov 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933 to Nov 1, 1933

I last saw her alive on Oct 31, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral arterio Sclerosis. — Date of onset

Other contributory causes of importance: Myocardial Failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 4902 Liberty Rd

D. B. 1268-9

94897 HEALTH DEPARTMENT—CITY OF BALTIMORE 94897

CERTIFICATE OF DEATH

106-002

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 5-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Warren Plowman

(a) Residence: No. 109 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster Pa.
(State or country)

13. NAME OF FATHER Silas Plowman

14. BIRTHPLACE (city or town) Balt. Co. Md
(State or country)

15. MAIDEN NAME OF MOTHER Sarah Tisdale

16. BIRTHPLACE (city or town) Balt. Co. Md
(State or country)

17. INFORMANT Records
(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Date Nov 3, 1933

19. UNDERTAKER Tarr & Sons
(Address) Aberdeen Md

20. FILED Nov 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1933 to November 1, 1933

I last saw him alive on Nov. 1, 1933 Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	?
Arteriosclerosis	?
Chronic alcoholism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pharaoh M. D.

(Address) Balt. City Hosp.

1933

D. B. 1268-9

E 94898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James W Craig

(a) Residence: No. 3 S Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hitzler Craig

6. DATE OF BIRTH (month, day, year) Dec 31 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Craig

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME OF MOTHER Alice Craig

16. BIRTHPLACE (city or town) (State or country) Annapolis

17. INFORMANT Alice M Davis

(Address) 3 S Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 3, 1933

19. UNDERTAKER Frank W Peterson

(Address) 2131 Eutaw Pl

Huntington Pittsburgh Pa

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th/33

22. I HEREBY CERTIFY, That I attended deceased from Oct 11th 1933 to Oct 30th 33.

I last saw him alive on Oct 30th/33 Death is said to have occurred on the date stated above, at 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Oct 29th/33
Arteriosclerosis	
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) F. W. Herrmann M. D.

(Address) 2913 E Baltimore St.

—8-16-29—L. F. S.—100 Bks.

94899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94899

59

CERTIFICATE OF DEATH

REGISTERED NO.

—PLACE OF DEATH

TY OF BALTIMORE: (No. 837 Brinkwood Rd STA. 2-C WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Frank Clay Iyams

R) RESIDENCE NO. 837 Brinkwood Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 74 yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Gloria S. Iyams

TE OF BIRTH (month, day, and year) Oct. 30, 1859

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	—	1	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired - 0[illegible]

(b) General nature of industry, business, or establishment in which employed (or employer) Foreman B. & O. R.R.

Name of employer Mt. Clare Shops

THPLACE (city or town) ate or country) Balto. Md.

NAME OF FATHER John Plummer Iyams

BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

MAIDEN NAME OF MOTHER Rebecca Clay

BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

(Informant) Emma E. Iyams

(Address) 837 Brinkwood Rd

Filed [illegible] Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31-1933

17 I HEREBY CERTIFY, That I attended deceased from ..., 1926 to Oct 31, 1933,

that I last saw h[illegible] alive on Oct 31, 1933

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 7 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis

(duration) 1+ yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No ✓

What test confirmed diagnosis? Chemical

(Signed) Frederic J. Butler, M. D.

Nov. 1933 (Address) Medical Arts Bldg. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Nov.

DATE OF BURIAL 3/34

ADDRESS

20 UNDERTAKER Chas. E. Franck 802 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

E 94900

1900

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4018 Liberty Ave. ST. 15-01 WARD

2-FULL NAME Anna C. Langston Pigott

(a) RESIDENCE NO. 4018 Liberty Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Pigott

DATE OF BIRTH (month, day, and year) Unknown 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Petrona Va.

10 NAME OF FATHER Washington Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Petrona Va.

12 MAIDEN NAME OF MOTHER Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va. Va.

Informant Mrs. Helen Chambers Owens

(Address) 4018 Liberty Ave.

1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov 2, 1933, that I last saw h alive on Nov 2, 1933, and that death occurred, on the date stated above, at 12 05 P m.

The CAUSE OF DEATH* was as follows:

Asthma —
Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms, Physical Signs

(Signed) Edmund Ruff Duckett M. D.

11/2, 1933 (Address) 2 E. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Nov 4 1933.

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W. Baltimore St.

D. B. 1268-9

E 94901

HEALTH DEPARTMENT—CITY OF BALTIMORE

1901

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH Maryland General Hospital St., 12 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Fields (Henry Watkins Fields)

(a) Residence: No. 1817 N. Calvert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia, Pa. (State or country)

13. NAME Claude Fields

14. BIRTHPLACE (city or town) Federalsburg Baltimore, Md. (State or country)

15. MAIDEN NAME Mae Fowler

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

INFORMANT Mr. Claude E. Fields

(Address) 1817 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL Nov. 3" 33

Place Baltimore Cemetery Date , 19

UNDERTAKER Foreman & Sons

(Address) 1003 W. Baltimore St.

FILED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 1 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 7 - 19 , 1933 to 11 - 1 , 1933

I last saw him alive on 11 - 1 , 1933 Death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cleft palate	
Bilateral pneumonia edema	10/31/33

Other contributory causes of importance:

Name of operation Staphylorrhaphy Date of 10/31/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Bd. Gen. Hospital

12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

902

CERTIFICATE OF DEATH.

131 E 94902

REGISTERED NO._____

1-PLACE OF DEATH

of BALTIMORE: (No. Little Sisters of the Poor 0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Kurtz

(a) RESIDENCE NO. Little Sisters of the Poor 1200 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) 24 Feb. 1853

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
80	8	4	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work housework

) General nature of industry, siness, or establishment in hich employed (or employer) Own home

) Name of employer

THPLACE (city or town)
tate or country) Baltimore, Md.

NAME OF FATHER Augustus Kurtz

BIRTHPLACE OF FATHER (city or town)
(State or country)

MAIDEN NAME OF MOTHER Anna Harris

BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor-1200 Valley

Filed Nov 3 1933 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2-1933

17

I HEREBY CERTIFY, That I attended deceased from Sept 1931, to Nov 2, 1933,

that I last saw h__ alive on Oct 27, 1933,

and that death occurred, on the date stated above, at 10:40a m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis
Chr nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arter Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys observation

(Signed) Dr. M. C. Farrell, M. D.

Nov 3, 1933 (Address) 1114 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial Nov 3. 1933

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Gramont Ave

1933

D. H. 1268-9 E 94903 E 94903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Park Avenue St. 13-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 4 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace A. Browne

(a) Residence: No. 1806 Park Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Lilly

DATE OF BIRTH (month, day, year): May 24, 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civic Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 230

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Horace B. Brown

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Sarah L. McConnor

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT: Mrs. Margaret L. Browne

(Address) 1806 Park Avenue

BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cemetery Date: 11/3 19 33

UNDERTAKER: Henry U. Mears and Son

(Address) 805 W. Lafayette St.

FILED: 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933 to Nov 1, 1933.

I last saw him alive on Oct 21, 1933. Death is said to have occurred on the date stated above, at 1.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 29.
L. Lower Lobe	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eckhard Hayward, M. D.

(Address) 1192 Calvert

M. D. R. 12[illegible] E 34904 E 34904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 10-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Tracey.

(a) Residence: No. 1519 Union ave., city St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 2, 1933.

AGE	Years	Months	Days	If LESS than 1 day, 7 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Walter Henry Tracey.

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Angie Eston

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

INFORMANT Hospital record.
(Address)

BURIAL, CREMATION, OR REMOVAL Pine Grove, Balto Co Md Date 11/3/33 19...

UNDERTAKER Chenoweth Lee
(Address) 3615-17 Eastern Ave

FILED ... 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933, to Nov. 2, 1933

I last saw him alive on Nov. 2, 1933. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance: Nil

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Gerling M. D.

(Address) Union Memorial Hospital

D. B 1230 E 94905 E 94905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 Rockrose Ave 15-24 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A. Rigney

(a) Residence: No. 2016 Rockrose Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie M. Rigney

DATE OF BIRTH (month, day, year) Jan 9, 1904

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.T.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) md.

13. NAME James W. Rigney.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Williams.

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Nannie M. Rigney

(Address) 2016 Rockrose Ave

BURIAL, CREMATION, OR REMOVAL

David Ridge Date Nov 4, 1933

UNDERTAKER Ehlenworth Bros

(Address) 2610-12 Eastern Ave

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 1931, to Nov 2 1933.

I last saw him alive on Nov 2 1933. Death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Cokenower M. D.

(Address) 1716 E. Fayette St.

D. B. 1268-9

E 94906

E 94906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 N. Luzerne St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Mae Miller

(a) Residence: No. 1220 N. Luzerne Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: F. Ray Miller

6. DATE OF BIRTH (month, day, year): Aug 30/1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Ellwood Burns Tippett

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Minnie A. Burgan

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: F. Ray Miller

(Address): 1220 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Cem Date: Nov. 2, 1933

19. UNDERTAKER: Philip Herwig Sons

(Address): 2016 Orleans St

20. FILED: [illegible] Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1929 to Oct. 31st, 1933

I last saw h[illegible] alive on Oct. 28th, 1933. Death is said to have occurred on the date stated above, at 2 40 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Elias O. Hamilton M. D.

(Address) 104 W. Madison St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4907 4907

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 5-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mns. ..... ds.

2. FULL NAME Warner A. Johnson

(a) Residence: No. 431 N. Eden st. St., ... Ward.
(Usual place of abode) (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1, 1904

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	6	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Handyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Rice
(State or country) Virginia

13. NAME York Johnson

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Rachel Johnson

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov. 2nd 33

UNDERTAKER Elroy C. Wilson
(Address) 1023 Broadway ave

FILED 1933 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1933 to October 31, 1933

I last saw h... in alive on October 31, 1933 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 V E 34908

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) St. 23-01 Ward)

gth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Viola Cruz

(a) Residence: No. 908 S Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius

ATE OF BIRTH (month, day, year) 5-25-1905

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	5	6	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W 037

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

3. NAME James Page

4. BIRTHPLACE (city or town) (State or country) Va

5. MAIDEN NAME agnes (?)

6. BIRTHPLACE (city or town) (State or country) Va

NFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Ch Date 11 | 3 1933

NDERTAKER ISAIAH L. BROWN Sons

(Address) 108 W Franklin St

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933 to Oct 31, 1933

I last saw her alive on Oct 31, 1933 Death is said to have occurred on the date stated above, at 1.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of splenic veins	10-27-33

Other contributory causes of importance:

sickle cell anemia	all life

Name of operation Bilateral adrenalectomy, splenectomy, left nephrectomy Date of 10-25-33

What test confirmed diagnosis? Blood Study Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wilfred Allison, M. D.

(Address) Johns Hopkins Hosp.

E 94909

. D. B. 1268-8

E 94909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. St., Ward)

ength of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gonsides

(a) Residence: No. 1702 N Wolfe St. Ward. Richmond Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Gonsides

DATE OF BIRTH (month, day, year) 4/16/1870

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	63	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 3

BIRTHPLACE (city or town) (State or country) Scotland

13. NAME James Gonsides

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME James Reid

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Nov 4th 1933

UNDERTAKER George Schilling & Sons

(Address) Monument & Risquette Sts

FILED Nov 3-1933 Harrington Wilkerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1933 to Nov. 2 1933

I last saw him alive on Nov 1 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus	1932
Carcinoma Larynx	1932
Other contributory causes of importance: Bronchio-pneumonia	11/1/33

Name of operation Gastrostomy Date of 8/1933

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Martin L. Cassin M. D.

(Address) Baltimore City Hospitals

c.—9-30—A. & Co.—200 Bks.

E 94910

E 94910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No 909 Plum Alley ST. 23rd WARD)

2-FULL NAME William Edw. Brown

(a) RESIDENCE NO 909 Plum alley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 1yr 2 mos ds. How long in U. S., if of foreign birth? yrs. mos. X

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	col	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, and year) Dec 14 1931

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	10	17	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

tRTHPLACE (city or town) Baltimore
(State or country)

0 NAME OF FATHER Wm E Brown

1 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto.

2 MAIDEN NAME OF MOTHER Elsie Johnson

3 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto.

Informant Elsie Johnson
(Address) 909 Plum alley

Filed 3-1933 Hunter Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Oct 31 1933~~ Nov 1. 33

17

I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Nov 1, 1933
that I last saw h— alive on Oct. 31, 1933
and that death occurred, on the date stated above, at 8.40A m.
The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? unnecessary

(Signed) D H Carroll M. D.

11/2 1933 (Address) 1112 W Hall St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cty

DATE OF BURIAL 11/4 1933

20 UNDERTAKER SULLIVAN & BROWN SONS

ADDRESS 1050 Montgomery St

c.—9 30—A. & Co.—250 Bks.

4911 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34911

CERTIFICATE OF DEATH. 107-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 1337 Stockton St. 15-01 WARD)

2-FULL NAME Clarence Figueroa

(a) RESIDENCE NO. 1337 Stockton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred Sft yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Nov 24, 1932

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	7	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Balto
(State or country) Md.

10 NAME OF FATHER Clarence Figueroa

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Nellie Harris

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

Informant Nellie Harris
(Address) 1337 Stockton St

NV 3 - 1933 Registrar

1933 Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1, 1933

17

I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Nov. 1, 1933

that I last saw him alive on Nov. 1, 1933

and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

11/1, 1933 (Address) 1728 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov 3 1933

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pennsylvania Ave

c.—9-30—A. & Co.—250 Bks.

E 94912

E 94912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No 1112 Lamens ST. 15-01 WARD)

2-FULL NAME Agustine Diffs

(a) RESIDENCE NO. 1112 Lamens ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	child.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) July 31, 1929

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto md

10 NAME OF FATHER J. W. Diffs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER mary b. monroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) J. W. Diffs 1323 N. Calvert st

NOV 3 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1/33

17

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933, to Oct. 25, 1933

that I last saw h alive on Oct 25, 1933

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

unknown
(duration) yrs. mos. ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. M. Lawrence M. D.

, 19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Douglas memorial Cemetery

20 UNDERTAKER Thomas E. Kelson

DATE OF BURIAL Nov 3 1933

ADDRESS 1303 Presstman st

Co. 5-11 2508

94913 HEALTH DEPARTMENT—CITY OF BALTIMORE 94913

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 561 Orchard St. 17-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ? mos. ? ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas Townsend

(a) Residence: No. 561 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Wid.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Townsend

7. DATE OF BIRTH (month, day, year) 1858

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
45	?	?	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Producer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lee & Wood Dye

11. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rocky Mount SC

13. NAME Thomas Townsend

14. BIRTHPLACE (city or town) (State or country) DC

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charlotte Scott

(Address) 532 Orchard

18. BURIAL, CREMATION, OR REMOVAL Place Douglas memorial Cemetery Date Nov 3, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

NOV 3 - 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Oct 30, 1933

I last saw him alive on Oct 29, 1933 death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1933 ?

Other contributory causes of importance:

Myocardial Insufficiency	10-15-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 1126 Druid Hill

. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94914 — E 94914

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. B & O R.R. near Federal St. Ext. St. 15-C Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Oscar T. Swanberg

(a) Residence: No. 3910 Chesley Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

ATE OF BIRTH (month, day, year) March 15, 1905

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	7	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles L. Swanberg

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Emma A. Sandberg

16. BIRTHPLACE (city or town) (State or country) Sweden

NFORMANT Charles L. Swanberg
(Address) 3910 Chesley Ave.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov. 4 1933

UNDERTAKER Frederick Lazarus & Son
(Address) 7401 Belair Road

FILED 11-3-1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at before 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severed head (at neck)	
arm (left at shoulder)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury Oct 31/33

Where did injury occur? B & O R.R. nr Federal St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury Unknown- accidental?

Nature of Injury Run over by train.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

H. D. B. 1268-9

E 94915

94915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 913 Druid Hill Ave St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Demetrius Theodor

(a) Residence: No. 913 Druid Hill Ave St., ~~Balto~~ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black.	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Annie C. Theodor.

DATE OF BIRTH (month, day, year) 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker to 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 53 yrs

BIRTHPLACE (city or town) (State or country) Cootalie Turkey

13. NAME Stathes Theodor

14. BIRTHPLACE (city or town) (State or country) Not known.

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known.

INFORMANT Annie C. Theodor.

(Address) 913 Druid Hill Ave.

BURIAL, CREMATION, OR REMOVAL

Place Greek Cathedral Date Nov 4th 1933

UNDERTAKER Henry W. Jenkins & Sons

(Address) 1700 Eutaw Place Baltimore Md.

FILED NOV 3 - 1933 19 ington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1933, to November 2, 1933

I last saw h.~~e~~r alive on November 1, 1933 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease.	Indef.

Other contributory causes of importance:

Hypostatic Congestion of Lungs

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. Louis Young M. D.

(Address) 1100 Druid Hill Ave

D. H. 12—5-29 E 94916 E 94916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 25-64

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1701 Morrell Park Ave. St., Ward)

gth of residence in city or town where death occurred 29 yrs. ---mos.--- ds. How long in U. S. If of foreign birth 29 yrs. ---mos. ... ds.

FULL NAME Jennie Marney.

(a) Residence: No. 1701 Morrell Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

(xxxxx widowed. xxxxxx
xxxxxx
(or) WIFE of Thomas P. Marney.

ATE OF BIRTH (month, day, year) February 16, 1872

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Ireland.

13. NAME John Davidson.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary ---------

16. BIRTHPLACE (city or town) (State or country) Ireland.

NFORMANT Francis C. Marney. (son)

(Address) 1709 Hickes Ave.

URIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/4/ , 1933

Wm Cook

NDERTAKER 12 E. Saratoga St.

(Address) Huntington Williams, Inc.

LED 11-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of ... No

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto Reinhardt . M. D. Coroner

11/2/33 (Address) 1017 E. Charles St.

—1-30—M. & T.—250 Blks.

94917 HEALTH DEPARTMENT—CITY OF BALTIMORE E 94917

95-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 703 N. Gay ST. 10-al WARD)

2-FULL NAME Mary A. Kohlerman

(a) RESIDENCE NO. 703 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
nale	White	Widow

married, widowed, or divorced HUSBAND of or) WIFE of Nicholas Kohlerman

TE OF BIRTH (month, day, and year) April 6 1951

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	6	25	

CCUPATION OF DECEASED

a) Trade, profession or particular kind of work Housewife

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

RTHPLACE (city or town) Baltimore Md.
State or country)

NAME OF FATHER George Gareis

BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

MAIDEN NAME OF MOTHER Bernadine

BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Harry A. Kohlerman
(Address) 3106 Batavia Ave.

3-1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1-33

17 I HEREBY CERTIFY, That I attended deceased from April- , 1932, to Nov 1 , 1933, that I last saw h[illegible] alive on Nov 1- , 1933, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Degen. Senile

(duration) 4 yrs. — mos ds.

CONTRIBUTORY (Secondary) Cardiac Ghanster

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Frank V. Bryant, M. D.

, 19 (Address) 125 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Nov 4. 1933

UNDERTAKER Frank V. Pipitone

ADDRESS 2818 E. Baltimore St

H. D. B. 126 E 94918 Monty - Koch E 94918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Callow Ave St. 13-04 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Monty Koch

(a) Residence: No. 2209 Callow Ave St., ...Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva Koch

DATE OF BIRTH (month, day, year) March 22/1857

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse furnishings

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Oct 33

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Koch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helena Hecht

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Koch

(Address) 2209 Callow Ave

BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Cemetery Date Nov 5, 1933

UNDERTAKER J. Abrams & Co

(Address) 2132 Eastern Ave

FILED Nov 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3/33

22. I HEREBY CERTIFY, That I attended deceased from Feb 1933 to 11/3 1933

I last saw him alive on Oct 27 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about Feb 1933
Other contributory causes of importance: Prostatec Hypertrophy	over

Name of operation Punch operation Date of Feb 1933

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. Jas. Lear M. D.

(Address) 705 Med. Arts Bldg.

D. B. 1268-9

E 94919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94919

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Leon Stephens

(a) Residence: No. 1824 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 13-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	7	8 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) ... in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME Wallace Stephens

12. BIRTHPLACE (city or town) (State or country) S. C.

13. MAIDEN NAME Ethel Manna

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. INFORMANT Ethel Stephens
(Address) 1824 Etting

16. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Nov 3, 1933

17. UNDERTAKER Mrs. Katie B. Williams
(Address) 322 N. Schroeder St.

Filed Nov 3 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	2 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. E. Link M. D.
Coroner

(Address) Leonard

. D. B. 1268-9

Harry. Pruett

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94920

1920

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 47

CITY OF BALTIMORE: (No. ..... St., 19-21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Harry Pruett

(a) Residence: No. 1637 W. Baltimore, ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 18, 1878

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55	1	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME James Pruett

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Elizabeth Berrier

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Nov. 4 19 33

UNDERTAKER Henry Truck Sons Co
(Address) 1301 E. Eager St

FILED 11 Washington Williams Registrar.
3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 33

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933 to Nov 2, 1933

I last saw him alive on Nov 2 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease	Date of onset
a. Pneumonia Lobar	11 d	
b.		
c.		
d.		

Other contributory causes of importance: Diabetes Mellitus 2 yrs 2/20/33

Name of operation Tracheotomy Date of May 1933

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reis, M. D.

(Address) Balto City Hosp.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1921 V 131 E 94921

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Scott St., 18-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Catherine Smith

(a) Residence: No. 108 Scott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 6th 1874

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Hugh Lemon

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mr Thomas K. Graham

(Address) 108 Scott St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 11/3/ 1933

UNDERTAKER John F Cowpe & Son

(Address) 241 Fallsway St

NOV 3 - 1933 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 31, 1933

I last saw h.w alive on Oct 31, 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	6 Yrs.

Other contributory causes of importance:

None.

Name of operation none Date of —

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Norton, M. D.

(Address) 338 W. Lanvale St

E 94922

H. D. B. 1268-9

4922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Turner

(a) Residence: No. 742 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Turner

DATE OF BIRTH (month, day, year) 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	—	—	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Jane Turner

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mattie Turner

(Address) 742 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL

Place Manchock Va. Date Nov. 5 1933

UNDERTAKER Joseph A. Lipsky

(Address) 1691 Mount Street

FILED 1933 Nov 7 Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10-25-33 . 19 . to 11-1-33 . 19 . I last saw him alive on 11-1-33 . 19 . Death is said to have occurred on the date stated above, at 4:35 A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Laber Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Neil Rogers M. D.

(Address)

D. B. 1268-9

E 94923

HEALTH DEPARTMENT—CITY OF BALTIMORE

NY E 94923

CERTIFICATE OF DEATH

X V 210-002

Registered No. 25-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. St Agnes Hospital St., Ward)

gth of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Elizabeth Sherman

(a) Residence: No. Front St. Savage, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) June 15, 1925

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	4	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Savage, Md
(State or country)

9. NAME Unknown

4. BIRTHPLACE (city or town) Unknown
(State or country)

5. MAIDEN NAME Myrtle E. Sherman

6. BIRTHPLACE (city or town) Virginia
(State or country)

NFORMANT Myrtle E. Sherman

(Address) Savage Md.

URIAL, CREMATION, OR REMOVAL

Place Savage Md Date Nov 5 1933

NDERTAKER Leith Donaldson

(Address) Laurel Md

FILED Nov 6 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to 19

I last saw h alive on Nov. 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 2 1933

Where did injury occur? Main St. Savage Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while playing on the street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 200 E Madison St

H. D. B. 1268-9

Manger ✓ E 94924

HEALTH DEPARTMENT—CITY OF BALTIMORE

1924

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2215 W. Baltimore St., 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva T. K. Manger

(a) Residence: No. 2215 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of Allen Manger
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 5, 1880.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME John H. Hoffmann

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Magdelina Kopfmann

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Allen Manger
(Address) 2215 W. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 4, 1933

UNDERTAKER Harry H. Weitzke
(Address) Huntington Ave. & Belvedere, Md.

Filed 1933 Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to Nov. 2, 1933

I last saw her alive on Nov 2, 1933. Death is said to have occurred on the date stated above, at 1330 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-abdominal	
Thrombosis -	18 hrs
Intra abdominal	
Neoplasm ?	abt 3/12 mo

Other contributory causes of importance:
Mitral Stenosis many years
Auricular Fibrillation (Intermittent) 2-3 yrs.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carroll Lockard M. D.

(Address) 42 Preston St.

D. B. 1268-9

E 94925

4925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. St. 11-01 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Tyler

(a) Residence: No. 543 W Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 25 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43 42	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Storage Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Washington
(State or country) D.C.

13. NAME Edward Tyler

14. BIRTHPLACE (city or town) Washington
(State or country) D.C.

15. MAIDEN NAME Nannie Tyler

16. BIRTHPLACE (city or town) Petersburg
(State or country) Va

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 3, 1933

UNDERTAKER
(Address)

Washington Williams N.E.
Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1933, to 11-3, 1933.

I last saw him alive on 11-3-, 1933 Death is said to have occurred on the date stated above, at 2:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) Md. Gen. Hospital

30—M. & T.—100 B—50L

94926

E 94926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4007 Keswick Road ST. 13-01 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A. Strauff

(a) RESIDENCE NO 4007 Keswick Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Loretto Philbin

DATE OF BIRTH (month, day, and year) August 31, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attorney
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER August Strauff

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Germany

12 MAIDEN NAME OF MOTHER Paulina Hamper

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Germany

Informant Joseph J. Philbin

(Address) 2616 N. Charles Street

1933 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 8 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

(Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 11/4 1933

20 UNDERTAKER Henry W. Myers & Son

ADDRESS 805 N. Calvert

D. H. 1268-9

E 94927

HEALTH DEPARTMENT—CITY OF BALTIMORE

1927

49

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3211 Belvedere Ave
CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Edna E Reil

(a) Residence: No. 3211 Belvedere Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ (or) WIFE of Frank Georg E. Reil

6. DATE OF BIRTH (month, day, year) Oct 15 1883

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
50	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 03

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Guilford Howard Co. Md.

13. NAME OF FATHER George Crist

14. BIRTHPLACE (city or town) (State or country) Frederick Md

15. MAIDEN NAME OF MOTHER Julia A. Davis

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Laura Fleckinger

(Address) 1302 James St

18. BURIAL, CREMATION, OR REMOVAL.

Place Western Date Nov 4th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21st 1933 to Nov 2nd 1933

I last saw her alive on Nov 1st 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the vagina and uterus	

Other contributory causes of importance:

Name of operation No operation Date of ...

What test confirmed diagnosis Gland Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Bonnell Jarvis M. D.

(Address) 2997 N Calvert St

D. B. 1268-9

✓ E 94928

94928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cherry Hill, Westport St Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Ireland

(a) Residence: No. Cherry Hill, Westport St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE~~ of) Rebecca Ireland

6. DATE OF BIRTH (month, day, year) June 3rd 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Ireland

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Chas Ireland

(Address) Marley Neck Solley Md

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Brooklyn Date Nov 4th 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1933 to Nov 1 1933

I last saw him alive on Nov 1 1933. Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Study	
Other contributory causes of importance:	
Acute dilatation of heart	1 Day

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Nov (Signed) H. H. Campbell M. D.

2/33 (Address) 1644 Harlem St

H. D. B. 1268-9

E 94929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4929

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 10-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Zeter Glascoe

(a) Residence: No. 414 N Carrollton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W Glascoe

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

13. NAME George Isabel

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

15. MAIDEN NAME Priscilla Wells

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

17. INFORMANT John W Glascoe

(Address) 414 N Carrollton St

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Md Date 11-5, 1933

19. UNDERTAKER Jas. W. Skinner & Co.

(Address) 1 E. Madison St

Filed Nov 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933 to Nov 1, 1933

I last saw h[illegible] alive on Nov 1, 1933 Death is said to have occurred on the date stated above, at 1.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1, 1933

Other contributory causes of importance:

Leprosy - Of Leg Infected

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) Bernard L Jones, M. D.

(Address) 1317 N Carrollton St.

H. D. H. 1268-9

E 94930

HEALTH DEPARTMENT—CITY OF BALTIMORE

94930

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 W. Lafayette Ave St. 14-01 Ward) 14

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maclier Warfield

(a) Residence: No. 128 W Lafayette Ave St., ... Ward. 14

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Mary Campbell Murdoch

DATE OF BIRTH (month, day, year) 26 July 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 54

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Daniel Warfield

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary A Hutchison

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

INFORMANT Mary H Warfield

(Address) 128 W Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec 4 1933

UNDERTAKER Henry H. Tenbrink Sons

(Address) Huntington Williams, N.Y.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933 to Dec 2 1933

I last saw him alive on Dec 2 1933 Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma. Gall Bladder	6 mos ago

Other contributory causes of importance:

Name of operation Abdominal Exploration Date of 7/5/33

What test confirmed diagnosis? Microscopical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Gilbert, M. D.

(Address) 1403 Park

. D. B. 1268-9

E 94931

1931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 7 Hendover Road (Ward) 12-01
Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susanna Hafferkorn

(a) Residence: No. 7 Hendover Road St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced HUSBAND of (or) WIFE of Gustav Hafferkorn

DATE OF BIRTH (month, day, year) May 30 - 1853

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Augermayer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Minnie Glantz

(Address) 9 Hendover Road

BURIAL, CREMATION, OR REMOVAL

Place Bethany Cem Date Nov 4 1933

UNDERTAKER John Ulrich

(Address) 2108 Arlington Ave

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 29 1931 to Nov 1st 1933

I last saw h.. alive on Nov 1st 1933 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Oct 1933
Arteria-Sclerosis, Myocardial Degeneration	
Dilated aorta	
Aortic Stenosis	
Nephritis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Rass M. D.

(Address) 24 S. Bway

D. B. 1268-9

94932 ✓ E 94932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2852 Harlem Ave St., 46-01 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Baer

(a) Residence: No. 2802 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Baer

DATE OF BIRTH (month, day, year) Apr 25 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Christian Gundersdorf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Dora Kuhn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr Chas E Baer

(Address) 3006 Mc Elderry

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Nov 6, 1933

UNDERTAKER John Ulrich & Co

(Address) 1108 Orleans St

FILED Nov 7 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933 to Nov 2, 1933

I last saw h[illegible] alive on Nov 2, 1933 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocardial degeneration	
chronic nephritis	
generalized arteriosclerosis	
Other contributory causes of importance: acute gastro enteritis	3 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Buechel M. D.

(Address) 2401 Edmondson Ave

1933

M. D. B. 1268-0

Prager ✓ E 94933

HEALTH DEPARTMENT—CITY OF BALTIMORE

94933

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Union Memorial Hospital

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St. 15-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maurice Prager

(a) Residence: No. 3622 Forest Park ave St., ... Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Maurice Prager

6. DATE OF BIRTH (month, day, year) Dec. 2, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64 years	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) New York City (State or country) N.Y.

13. NAME Isaac Prager

14. BIRTHPLACE (city or town) (State or country) Belgium

15. MAIDEN NAME Ernestine Levy

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Hosp Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Chevra Shalom Cem. Date Nov. 5, 1933

19. UNDERTAKER Harry Goodman & Son

(Address) 1902 Eutaw Place

Nov 10 1933

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1933, to Nov. 3, 1933

I last saw him alive on Nov 3, 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Transverse colon	Unknown
Intestinal obstruction	Sept 15, 33 4 yrs

Other contributory causes of importance:

Operation Ileostomy 9-24-33

Name of operation Colo-colostomy Date of 11-1-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard France M. D.

(Address) Union Memorial Hosp

30—M. & T.—100 B—50L

E 94934

94931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 S. Belnord ST. 1-01 WARD)

2-FULL NAME George H. Krauk

(a) RESIDENCE NO. 646 S. Belnord ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Krauk

DATE OF BIRTH (month, day, and year) Dec. 23, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Minnie Krauk

(Address) 646 S. Belnord ave.

Filed 1933, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) C. K. Weisenfeld M. D. Coroner

, 19 (Address) 625 N. Bethesda Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Memorial Park

DATE OF BURIAL Nov. 6, 1933

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North Ave.

1935 ✓ E 94935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss May Krantz

(a) Residence: No. 1216 Longwood St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 6 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Frederick W. Krantz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Elizabeth M. Feather

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs E. J. Miller

(Address) 1216 Longwood St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 6 1933

UNDERTAKER Robert S. Little

(Address) 2006 Monument Ave

FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-33. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1933 to Nov. 2 1933

I last saw her alive on Nov. 2 1933 Death is said to have occurred on the date stated above, at 5.45 p. m.

The principal cause of death and related causes of importance were as follows:

Operation shock — Date of onset 11/2/33

Other contributory causes of importance:

Ca. of rectum — 9/24/.

Name of operation Kraske Date of 11-2-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl G Herbst M. D.

(Address) .....

D. B. 1268-9

✓ M E 94936

94936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 210-002

Registered No. 25-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Laura P. Lerber

(a) Residence: No. Washington Blvd nr Catonave St., Ward. A A Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of George O. Lerber

DATE OF BIRTH (month, day, year) Nov. 10, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto. Md

10. NAME Thomas B Lang

11. BIRTHPLACE (city or town) (State or country) Balto. Md

12. MAIDEN NAME Nora Schultheis

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. INFORMANT William D. Gerber

(Address) 1557 Homestead St

15. BURIAL, CREMATION, OR REMOVAL

Place Cedar Lawn Cem Date Nov 6th 1933

16. UNDERTAKER Wm. C. Miller & Son

(Address) 1401 Lee St

FILED Nov 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1933 to Nov. 3 1933

I last saw h alive on Nov. 3 1933. Death is said to have occurred on the date stated above, at 7.45 A m

The principal cause of death and related causes of importance were as follows:

Internal Injuries Shock — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 3 1933

Where did injury occur? Washington Blvd nr Catonave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street Accident

Manner of injury Struck by auto while

Nature of injury Walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Pokorny Coroner M. D.

(Address) 2200 E Monument St

c.—12-9-25—A Co.—200 Bks.

E 94937

4937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

y of BALTIMORE: (No. Little Sisters of the Poor St. 10-A Ward)

2-FULL NAME Frank Rembach

Little Sisters of the Poor

(a) RESIDENCE NO. 1202 Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of Pembroke
(or) WIFE of Maggie Seber

ATE OF BIRTH (month, day, and year)
16 October 1861

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72		17	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Albert Rembach

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Sophie Graff

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Sister Stanislaus Supr.
(Address) 1200 Valley St. City

Huntington Phillimore N.P.
Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1933, to Nov 3, 1933, that I last saw him alive on Oct 30, 1933, and that death occurred, on the date stated above, at 2 00 a.m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis
Chr Endocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Evt

(Signed) L. M. Clarke, M. D.
Nov 3, 1933 (Address) 111 E Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — Date of Burial Nov. 6 1933

20 UNDERTAKER Mrs. E. Miller Son — ADDRESS 2334 Eastern

D. H. 1268-9

E 94938

94938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-011

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No.) 5603 Roxbury St., 17 Ward)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Workington Jones.

(a) Residence: No. 566 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Divorced

If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Jones

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 yrs

BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME Chas Workington

14. BIRTHPLACE (city or town) (State or country) Hartford Co Md

15. MAIDEN NAME Henriette Bradford

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

INFORMANT (Address) Emma Burk 566 N. Bradford St

BURIAL, CREMATION, OR REMOVAL

Place Calvary Cem. Date 11/5 1933

UNDERTAKER Samuel T. Hemsley

(Address) 525 N Bradford St

Filed Nov 4, 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jabouleux Disease of Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Thos Hoffmeier M. D.
Coroner

(Address) 902 Poland

M. D. B. 1268-9

E 94939

94939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 719 South Rose St. St., 1-01 Ward)

50

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victoria Staskowiak

(a) Residence: No. 719 South Rose Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of Late-Martin Staskowiak

DATE OF BIRTH (month, day, year) Dec, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	55	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Casimir Bandzwolek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Jozefa Banduch

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs Frances Becher (Daughter)

(Address) 719-S Rose Street,

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem Date Nov 6th 1933

UNDERTAKER George A. Weber

(Address) 705 S Caroline Street

FILED Nov 8 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov, 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Nov. 1933

I last saw her alive on August 1933 Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis secondary to Carcinoma of Breast.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. Porter Jr. M. D.

(Address) 316 So. Bolgano Bk Ave

D. B. 1268-9

E 94940

94940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 S Ponca St St., 26-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Bruzel

(a) Residence: No. 501 S Ponca St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Bruzel

6. DATE OF BIRTH (month, day, year) May 23 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER James Spencer

14. BIRTHPLACE (city or town) (State or country) Puerto Rico

15. MAIDEN NAME OF MOTHER Mary Kuhnau

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT James Spencer

(Address) 501 S Ponca St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 6 '33

UNDERTAKER Tilley & Tilley Inc

(Address) 703 S Monroe St

Huntington Williams

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned in Back Bay.	
Other contributory causes of importance: Epileptic Convulsions	

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Nov 2 1933

Where did injury occur? 501 S Ponca St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in tub, during seizure

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo Mervyn Md M. D.
Coroner

(Address) 1302 N Fulton Ave

D. B. 1268-8

E 99941

HEALTH DEPARTMENT—CITY OF BALTIMORE

941

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 3509 Bank St., 26 Ward)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosina Schoff.

(a) Residence: No. 3509 Bank St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of late Adam Schoff.

DATE OF BIRTH (month, day, year) Jan 6 - 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Elisabet

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. John Schoff
(Address) 3529 E. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Nov. 4 1933

UNDERTAKER Tilbert Tilbert Inc.
(Address) 433 S. Wolfe St.

FILED Nov 3 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 - 33 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 33, to Oct. 31, 33

I last saw her alive on Oct. 31, 33. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Diabetes.	

Other contributory causes of importance:

Diabetic Coma. 2 days.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. Carnahan, M. D.

(Address) 3505 Bank St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94942 — 93 E 94942

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 E. Monument St., 10-01 Ward)

Length of residence in city or town where death occurred Life yrs. .mos. .ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca A. Renolds

(a) Residence: No. 1308 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George Renolds

DATE OF BIRTH (month, day, year) 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Middle River, Md.

13. NAME Woodly Williams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rebecca Smith

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Harry Renolds
(Address) 1308 E. Monument St

BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date 11—5th 1933

UNDERTAKER Bygrow & Marie E. Wright
(Address) Huntington Terrace

FILED NOV 4 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A. M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance: Senile Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner
(Address) 1286 Dnk

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94943

CERTIFICATE OF DEATH

131 E 94943

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 2-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Edwd. Cox

(a) Residence: No. 321 West 27th St. St., Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene F. Cox

6. DATE OF BIRTH (month, day, year) July 29 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	43	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year) 5-2-33

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME William Cox

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Evelina Harris

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sister
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 6, 1933

19. UNDERTAKER Wm J Tickner & Son
(Address) North & Penna

FILED Nov 4 1933 19 Wilkinson Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933, to Nov 2, 1933

I last saw him alive on Nov 2, 1933. Death is said to have occurred on the date stated above, at 9 11 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Nephritis Hypertension~~	1932
Chronic Arteriosclerotic Nephritis	
Hypertension	
Uremia and Myocardial failure	
Other contributory causes of importance:	
~~Heart disease chronic~~	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Richard France M. D.

(Address) Union Memorial Hospital

M. D. B 1268-9

E 34944 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34944

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 8-61 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gradiuss L. Smith

(a) Residence: No. 1206 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 27, 1879

AGE: Years 54 | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 009

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME of father John Smith

14. BIRTHPLACE (city or town) (State or country) Easton Md.

15. MAIDEN NAME of mother Sarah Armstrong

16. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date Nov 6, 1933

19. UNDERTAKER Charles H. Burkett
Address 1 Edmonson Ave

NOV 4 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1933 to Nov. 2, 1933

I last saw him alive on Nov 2, 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932
Other contributory causes of importance: Cerebral Thrombosis	7/26

Name of operation Exploratory Lap. Date of 9/8/33

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

D. B. 1248-9

E 94945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

E 94945

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Berwick Ave St. 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Kircher

(a) Residence: No. 2809 Berwick Ave - 26 Port St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis J. Kircher

DATE OF BIRTH (month, day, year): Feb 29/1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Adam Hetterick

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dora Popp

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Louis J. Kircher

(Address): 26 N. Port St

BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Nov. 4 1933

UNDERTAKER: Mrs. E. Miller & Son

(Address): 2331 Washington Pl.

FILED: Nov 4 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	???
Cardiac Hypertrophy	

Other contributory causes of importance:

Shock-Fracture of left femur	Nov 1

Name of operation: Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov 1/33

Where did injury occur? 2809 Berwick Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: residence

Manner of injury: Fell out of bed

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) John H. Cain M. D. Coroner

(Address) 5066 Knox Ave

Spec.—8-16-29—L. F. S.—100 Bks.

E 94946

94946

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 112-N. Carrollton Ave. 18-01 WARD)

2—FULL NAME Annie Oliver

(a) RESIDENCE NO. same as above ST., 112 N Carrollton Av WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of James Oliver (Deceased)

DATE OF BIRTH (month, day, and year) Mar. 7, 1871

AGE	Years	Months	Days 24	If LESS than 1 day, hrs. or min.
	62.	7.	24.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Richmond Va.

10 NAME OF FATHER Spencer Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Ball.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Daughter

(Address) 112-N. Carrollton Ave Huntington Williams, Md.

Filed ..... 1933, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1, 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1933, to Nov. 1, 1933, that I last saw her alive on Oct. 31, 1933 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Gastro-enteritis

Obstipation (duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No. What test confirmed diagnosis? Physical Examination

(Signed) McKinley Reesby, M. D.

, 19 (Address) 702-N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary Cem	Nov 5 1933
20 UNDERTAKER	ADDRESS
Joseph A Lively	1093 Mount St

Spec.—8-16-29—L. F. S.—100 Blks.

E 94947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94947

95-002

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 N Schroeder ST. 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alfred C. Diggs

(a) RESIDENCE NO. 310 N Schroeder ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col'd	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 3/17/1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	14	12

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Va.
(State or country)

10 NAME OF FATHER C W Diggs

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Florida Harris

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

Informant C W. Diggs
(Address) 313 N Schroeder

Filed Nov. 4 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933, to Nov 1, 1933, that I last saw him alive on Oct 31, 1933, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Lowrey, M. D.

Nov. 4 1933 (Address) 919 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Nov. 4, 1933

UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N Schroeder St.

1933

Cor.—12-9-25—A Co.—200 Bks.

94948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94948

23

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 117 E. 27th St. St. 12-61 Ward)

2-FULL NAME Thelma A. Epps

(a) RESIDENCE NO. 117 E. 27th St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 ~~Single~~, Married, ~~Widowed, or Divorced~~. (write the word): Married

If married, ~~widowed, or divorced~~ WIFE of Wm Thomas Epps.

DATE OF BIRTH (month, day, and year) Oct 21 1911

6 AGE: Years 22. Months Days 0 12

IF LESS than 1 day.....hrs. or.....min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Balto city

(State or country) Md

10 NAME OF FATHER Isaac M. Enger.

11 BIRTHPLACE OF FATHER (city or town) Balto Co.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Maggie Bull

13 BIRTHPLACE OF MOTHER (city or town) Balto Co.

(State or country) Md

Informant Mrs Maggie Bull Enger

(Address) 117 E 27 St

Filed Nov 7 1933 Registrar

1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3. 1933.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an_____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said_____ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

F. B. & Lungs.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) John Morrison M. D.

(Coroner)

11/4, 1933 (Address) 3932 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos., ...ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery. Date of Burial: Nov 6 1933.

20 UNDERTAKER: J. Walter Davis ADDRESS 3415 Eastern Ave.

D. H. 1268-9

E 94949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1949

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4812 Frankford Ave St., Hotel Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Huber

(a) Residence: No. 4812 Frankford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Huber

DATE OF BIRTH (month, day, year) April 17/1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 45	6	16/30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Harmuth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Langhurt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John J. Huber

(Address) 4812 Frankford Ave

BURIAL, CREMATION, OR REMOVAL

Lyons Brooklyn Date 11-6 1933

UNDERTAKER Leonard J. Rauch

(Address) 5824 Harford Ave

FILED 11-6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	
	7 hr

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Mauer, M. D. Coroner

(Address) 708 E. Monument

M. D. F 12684-C

E 94950

94950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Westfield Ave., 27-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Addie V. Pierce

(a) Residence: No. 2905 Westfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About Nov 18 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

13. NAME Thomas Pierce

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Tessa Reckensburg

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wallace L Pierce

(Address) 2905 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Richmond Va Date Nov 4 1933

19. UNDERTAKER Leonard J Reynolds

(Address) 5204 Liberty Heights Ave

20. FILED ... 19 ... Registrar.

Nov 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from October 24 1933 to Nov 4 1933.

I last saw h[illegible] alive on Nov 3rd 1933. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown
Other contributory causes of importance: None	

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jefferson Brent M. D.

(Address) 5 E Chase St Baltimore

91
M. D. B. 1268-9

E 94951

94951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV72-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S. If of foreign birth?. yrs. mos. ds.

2. FULL NAME Benjamin Merritt

(a) Residence: No. 3 14 Northfield Place St., Ward. Nashville Tenn
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 25, 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Michigan
(State or country)

13. NAME Benjamin Merritt

14. BIRTHPLACE (city or town) N. C.
(State or country)

15. MAIDEN NAME Elizabeth Kirkland

16. BIRTHPLACE (city or town) Texas
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Nashville Tenn Date Nov 6 1933

19. UNDERTAKER J. Fred C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1933 to Nov. 4 1933

I last saw him alive on Nov. 4 1933 Death is said to have occurred on the date stated above, at 11 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic leukemia.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Donovan M. D.

(Address) 1 E Read St

H. D. B. 1248-9 E 94952

E 94952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Beechentowolly Terrace Synagogue St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Dunker

(a) Residence: No. 2306 W Lutter Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Lennie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ben.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Frannie

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Levy Woodlawn Date 11 | 3 | 33 . 19 .

UNDERTAKER Levy Lewis Inc

(Address) 1132 E. Baltimore St

FILED NOV 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Harry H. Jorgensen M. D. Coroner

(Address) 9624 Roland Ave

M. D. H. 1263-9 E 94953 E 94953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... da. How long in U. S. if of foreign birth? 19 yrs. ... mos. ... da.

2. FULL NAME Benjamin Pollack

(a) Residence: No. 1824 E. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Date 11-5-33 19...

19. UNDERTAKER Jacob Deutsch & Sons

(Address) 1232 E. Baltimore St

FILED ... 19... ... Registrar.

5-1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933 to Nov. 3, 1933

I last saw him alive on Nov. 3, 1933. Death is said to have occurred on the date stated above, at 8 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Cardiac Insufficiency
Chronic Myocarditis
Diabetes Mellitus

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Arvgner M. D.

(Address) Sinai Hospital

M. D. B. 1268-1

E 94954 Siegel E 94954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-023

1. PLACE OF DEATH Sinai Hospital Registered No.

CITY OF BALTIMORE: (No. Res Siegel St 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Siegel

(a) Residence: No. N 29 N. Clayton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bals Hebrew Cem Date 11/5/33 19

19. UNDERTAKER Jos Levi & Son
(Address) 1437 E. Eutaw St.

20. FILED 19 Registrar.

NOV 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov 4 1933

I last saw her alive on Nov 4 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 1-33

Other contributory causes of importance:

Chr. Myocarditis
Cardiac Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Levin M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 94955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 94955

X V 124-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Woodbrook Ave St., 13-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H. Groff

(a) Residence: No. Frederick Md St., ... Ward. Frederick Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary C. Gideon Groff

DATE OF BIRTH (month, day, year) Nov 5th 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Libertytown Md

13. NAME 2. Groff

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nancy Waltz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marie S. Blades

(Address) 2816 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cemetery Frederick Co. Md Date Nov 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 5 Nov 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to Nov. 3, 1933

I last saw him alive on Nov. 2, 1933. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Cirrhosis of Liver (non alcoholic)	Indefinite
Other contributory causes of importance:	
Exhaustion	11/1/33

Name of operation None Date of .....

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No or Yes

(Signed) R. H. Campbell M. D.

11/4/33 (Address) 1644 Hanover St

M. D. B. 1268

E 94956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94956

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Maldris St. 21-0 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice May Leitch

(a) Residence: No. 1036 Maldris St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Ernest Leitch

6. DATE OF BIRTH (month, day, year) May 19th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Filler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davis 086

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (City or town) (State or country) Prince George Co Md

13. NAME Un Known

14. BIRTHPLACE (city or town) (State or country) Un Known

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT Myrtle Leitch

(Address) 1036 Maldris St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 7th, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED - 1933, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1933 to Nov 4, 1933

I last saw h.. alive on Nov 4, 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/2/33

Other contributory causes of importance:

Arteriosclerosis	3 Yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Clifford Dean M. D.

(Address) 1217 St Paul St

M. D. B. 1268-9

E 94957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

ME 94957

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 3rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Lyman Sawkins

(a) Residence: No. 4201 Park Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Sawkins

7. DATE OF BIRTH (month, day, year) Feb 5, 1863

8. AGE Years 70 Months 8 Days 30 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0/S

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Keeper

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Fred Saunders.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Josiana Whitely

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov 7th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 7 1933 Wm F. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to Nov. 19

I last saw h alive on Nov. 19 Death is said to have occurred on the date stated above, at 1 00 Am

The principal cause of death and related causes of importance were as follows:

Comp. fracture of Skull — Date of onset

Other contributory causes of importance:

Cerebral Abscess — Date of onset

Name of operation [redacted] Decompression Date of 11/3/33

What test confirmed diagnosis? Recent Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/3, 1933

Where did injury occur? Park Hts & Woodland Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury Fracture Base Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. A. Cherry Coroner, M. D.

(Address) 1100 E. Madison St

D. B. [illegible] E 94958

M E 94958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. 5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Theodor Stevenson

(a) Residence: No. 1221 N. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen A

DATE OF BIRTH (month, day, year) April 28, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Co., Md

13. NAME Edward Stevenson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sallie Emmor

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Helen A Stevenson
(Address) 122 N. Bond St

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 6th, 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED Nov 8 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19 , to , 19

I last saw him alive on ongoing, 19 , at [illegible] m. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/3, 1933

Where did injury occur? Gay & Fayette Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury Broken Base Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Otorny Coroner M. D.

(Address) 2105 E Madison

M. D. B. 1268 E 94959 E 94959

277816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Pontier

(a) Residence: No. 3409 Wallbrook av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 9-16-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Frank Young

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Belle Massey

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 6 1933

19. UNDERTAKER Wm Cook

(Address) 1617 St. Paul St

NOV 5 - 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933, to Nov 2, 1933

I last saw her alive on Nov 2, 1933 Death is said to have occurred on the date stated above, at 10.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1929
Other contributory causes of importance:	
Cerebral Embolism	Oct. 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 94960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94960

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1004 Warwick Ave St. 16-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Irene Ryan

(a) Residence: No. 1004 Warwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Henry Ryan

DATE OF BIRTH (month, day, year) March 20 - 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Francis Irwin Rohmer

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Rose Agatha Smilkoy

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

INFORMANT Francis D. Rohmer
(Address) 1004 Warwick Ave.

BURIAL, CREMATION, OR REMOVAL
Place Westview Date Nov 7th 1933

UNDERTAKER Wm Cook
(Address) 117 St Paul St

FILED Nov 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1 - 1931 to November 3 - 1933

I last saw her alive on November 3 - 1933 Death is said to have occurred on the date stated above, at 10.28 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous Nephritis	Feb 1-33
Other contributory causes of importance:	
Organic Heart Disease	unknown

Name of operation — Date of —

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Ruland M. D.

(Address) 2532 Edmondson Ave.

E 94961

M. D. B. 1268-2

E 94961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 Christian St. 70-01 Ward)

Length of residence in city or town where death occurred? Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen H. Smith

(a) Residence: No. 2517 Christian St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	white	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Sarah J. Smith

6. DATE OF BIRTH (month, day, year) Nov 19th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER'S FATHER'S

13. NAME Smith

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Helen D. Mars

(Address) 2517 Christian St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 6th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 11-7-1933 Wm. Lee Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Nov 4 1933

I last saw him alive on Nov 3 1933 Death is said to have occurred on the date stated above, at 1.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia Senilis	
Exhaustion	
Arteriosclerotic Nephritis	
Senility	
Other contributory causes of importance: Pulmonary Oedema	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Norval A. Patterson M. D.

(Address) 2151 Wellington Ave

M. D. B. 1268-9 E 94962

E 94962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V. 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth Chapman

(a) Residence: No. 6107 Ready Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of R. Howard Chapman

6. DATE OF BIRTH (month, day, year) Feb 12th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Long Island N. Y.

FATHER

13. NAME Charles Edw. Barnett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Branson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT R. Howard Chapman

(Address) 6107 Ready Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 6 19 33

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ~~Huntington, Williamsport~~ Baltimore, Md.

OV 5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1933 to November 3, 1933

I last saw her alive on November 2, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Post Operative Shock	11-3-33
2.	
3.	
4.	

Other contributory causes of importance:

1. Carcinoma of Breast	
2.	

Name of operation Radical Breast Amputation Date of 11/3/33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Howard Chapman M. D.

(Address) 6107 Ready Ave

M. D. R. 1268-9

94963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94963

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 716 N. Arlington St. 16-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Allen

(a) Residence: No. 716 N. Arlington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 14 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	—	19 —	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME John Stokes

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gerald Allen

(Address) 716 N. Arlington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 5 1933

19. UNDERTAKER R. A. Eckert

(Address) 1129 N. Carrollton Ave

FILED ... Registrar.

VS - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1933 to Nov 3 1933

I last saw her alive on Nov 3 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1 Wk

Other contributory causes of importance

Intestinal Obstruction

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19..

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. E. Hall, M. D.

(Address) 1126 E. Lafayette

M. D. B. 1268-0 E 94964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94964

CERTIFICATE OF DEATH

X 176

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. ..... St., 6-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. / 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daisy Robinson Hordy

(a) Residence: No. 227 Eighth St., Laurel, Delaware Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE OF Wade Hordy

7. DATE OF BIRTH (month, day, year) March 18-1888

8. AGE	45 Years	7 Months	17 Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife '37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Albert Robinson.

14. BIRTHPLACE (city or town) (State or country) Maryland (Sharptown)

15. MAIDEN NAME J. O. Turley

16. BIRTHPLACE (city or town) (State or country) Maryland (Sharptown)

17. INFORMANT Pa. Client.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel, Del. Date Nov 7 1933

19. UNDERTAKER Charles Powell

(Address) 2904 Edmondson Ave.

20. FILED 5-1933 Huntington Wm. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov., 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct., 19 1933 to Nov., 4 1933

I last saw h[illegible] alive on Nov., 4 1933 Death is said to have occurred on the date stated above, at 10:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Hypertension	?

Other contributory causes of importance:

Cholecystitis	?
Cholelithiasis	

Name of operation Resection of gall bladder and common duct for stone Date of Nov 2, 1933

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Leland V. Hoover M. D.

(Address) Church Home & Infirmary

E 94965 — E 94965

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (Little Sisters of the Poor St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Fitzpatrick

(a) Residence: No. Little Sisters of the Poor 2000 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
about 90 - 92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Richard Fitzpatrick

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine McManus

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Theresa Supt. (Address) 2000 Valley St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov. 6, 1933

19. UNDERTAKER Fred Wiedefeld & Son (Address) 415 E. Fayette St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932 to Nov 3, 1933

I last saw her alive on Nov 3, 1933. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	

Other contributory causes of importance:

Cystitis Acute	

Name of operation ... Date of ...

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Dorr Carter, M. D.

(Address) ...

D. H. 1268-9 E 94966 E 94966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 167

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. W. Balto Gen'l St. 15-21 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rubin Zyskes

(a) Residence: No. 4045 Old Springfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Rosie Zyskes

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.
13. NAME of Father Gruber
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Clara Weinstein
16. BIRTHPLACE (city or town) (State or country) Russia
INFORMANT Rose Zyskes
(Address) 4045 Old Springfield Ave
BURIAL, CREMATION, OR REMOVAL Date 11-5-33
UNDERTAKER J. Levin Bro
(Address) 1139 E. Lee St
FILED 11-5-1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 1933, 19..... to Nov 1933, 19.....
I last saw h alive on Nov 1933, 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Shock
Gun Shot Wound
of Brain

Date of Onset

Other contributory causes of importance:

Name of operation Regular Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Falk Coroner, M. D.
(Address)

M. D. B. 1268-B

E 94967

27825 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94967

CERTIFICATE OF DEATH

13-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Matthai

(a) Residence: No. 6525 Colgate ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) —

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child —

7. DATE OF BIRTH (month, day, year) 8-14-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Matthai

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Madeline Brehm

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1933

19. UNDERTAKER Lilly & Zeiler Dr

(Address) 403 No Wolfe St

Filed Nov 4 1933 Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-25, 1933 to Nov 3, 1933

I last saw him alive on Nov 3, 1933 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Septicemia~~	~~Nov~~
Pneumonia	3 days
Dysentery Bacillary	4 wks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Manes S Hunter M. D.

(Address) Johns Hopkins Hosp

M. D. B. 12-30 E 94968

E 94968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1563 Abbottston Street St. 9 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? Life yrs. ... mos. ... ds.

2. FULL NAME Hester Ann Waters

(a) Residence: No. 1563 Abbottston Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas J. Waters

6. DATE OF BIRTH (month, day, year): Nov. 22, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: John Crisall

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Enoch Wills

(Address): 1563 Abbottston Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: Nov. 7, 1933

19. UNDERTAKER: George J. Bitz & Son

(Address): 173 Washington Ave

FILED 5-1933 Huntington Ave ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from about 20 yrs. 19..., to Nov. 4, 33; 19...

I last saw her alive on Nov. 4, 1933. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	2 days

Other contributory causes of importance:

age	

Name of operation: — Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

E 94969 Holzschuer E 94969

M. D. B. 1208-9

Med. 27826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alma C. Holzschuer

(a) Residence: No. 2062 Kennedy Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry Holzschuer

7. DATE OF BIRTH (month, day, year): Nov. 20 1881

8. AGE: Years 51 | Months 11 | Days 1314 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): 11 32 | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Frederick Claus

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Josephine Wollenweber

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Date 11-6-33

19. UNDERTAKER: George J. Roth Inc. (Address) 1735 Eutaw Pl.

20. FILED 11-6-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 3 '33, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1933 to Nov 3, 1933

I last saw her alive on Nov 3, 1933 Death is said to have occurred on the date stated above, at 7 15 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchial asthma — Date of onset Chronic

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herbert Eichert, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-0 E 94970 E 94970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Homestead St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hugh Irwin Smith

(a) Residence: No. 1445 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Smith

6. DATE OF BIRTH (month, day, year): April 1 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70.	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wm. E. Miller

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Hugh H. Smith

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Julia A. Bishop

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Ida V. Smith
(Address) 1445 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Burying Ground Date 11/6/33

19. UNDERTAKER Wm. Russ. John N. Geisel & Son
(Address) 801 W. Fayette St.

20. FILED NOV 6 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1933 to Nov 3 1933

I last saw him alive on Nov 2 1933 Death is said to have occurred on the date stated above, at 12.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Oct 21
Ch. Interstitial Nephr.	
Other contributory causes of importance:	
myocarditis	yrs
arteriosclerosis	

Name of operation: no. Date of: —

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. W. Ross M. D.

(Address) 2020 N. Charles

M. D. B. 1268-A E 94971 E 94971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Cordonia Anderson

(a) Residence: No. 409 N. Augusta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. F. Anderson

6. DATE OF BIRTH (month, day, year) July 14-1892

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
41	3	1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, day, year) 10-31-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barnwell S.C.

MOTHER FATHER

13. NAME Daniel Beall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Fannie Woodward.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT W. F. Anderson
(Address) 409 N. Augusta St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 6th 1933

19. UNDERTAKER J. A. Doran
(Address) 3000 E. Balto. St.

20. FILED NOV 7 1933 by the Registrar of Wills of Baltimore City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov 3 1933

I last saw her alive on Nov 3 1933 Death is said to have occurred on the date stated above, at 11a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	11-3-33
Ventral hernia.	12 yrs.
Myoma of uterus.	

Other contributory causes of importance:

Chronic myocarditis	
Asthma.	

Name of operation Laparatomy Date of 11-3-33

What test confirmed diagnosis? — Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert H. Hemelfarb M. D.

(Address) Sinai Hospital

AaCo. 5-31 250B

E 94972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94972

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton avenue St. 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Elizabeth Gregg

(a) Residence: No. 1434 Forbes St City St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Melitta Africa

13. NAME Robert Gregg

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth Timmons

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mem. Cath. Cem. Date 11/6/ 1933

19. UNDERTAKER J. J. Faber & Sons
(Address) 1315 Light St

20. FILED NOV 6 1933, 19 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to November 4th 1933
I last saw her alive on November 3rd 1933, death is said to have occurred on the date stated above, at 12.31 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arterio-sclerosis	?
Chronic nephritis	
Chronic gall Bladder disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl G. Herbst, M. D.

(Address) St. Agnes Hosp.

M. D. B. 1933-9 E 94973 E 94973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 104-002

1. PLACE OF DEATH Anne Arundel Hospital. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ? mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter R. Baden

(a) Residence: No. W. Va. St., ... Ward. Annapolis, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Baden

6. DATE OF BIRTH (month, day, year) ? 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 23

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Thomas E. Baden

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Hallie Reed

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Thomas E. Baden
(Address) Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md. Date 11/6 1933

19. UNDERTAKER John S. Taylor
(Address) Annapolis Md.

20. FILED ..... 19..... .....
(Registrar)

5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933 to Nov. 4, 1933

I last saw h[illegible] alive on Nov. 4, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2
Pneumococcic Meningitis	11/2/33

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis Spinal Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irvin Lachman M. D.

(Address) Anne Arundel Hospital.

M. D. B. 1268-9 E 94974 E 94974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 25-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2241 Sidney Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luzetta Zimmerman

(a) Residence: No. 2241 Sidney Ave St., ... Ward. Westport

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Joseph Zimmerman

6. DATE OF BIRTH (month, day, year) Aug 12th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Zimmerman

(Address) 2241 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 7th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

VC-1933 Huntington Hilliard, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Nov 4 1933

I last saw h.. alive on Nov. 4 1933. Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia Left.	10/31/33
Other contributory causes of importance:	
Arterial Hypertension	?
Agranulocytosis.	?

Name of operation None Date of -

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury - 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Wheeler M. D.

(Address) 2910 Hollins Ferry Rd

M. D. B. 1268-9 E 94975 E 94975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 W. North Ave 15-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charlotte Wunderlich

(a) Residence: No. 2325 W. North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. ~~If married, widowed, or divorced~~ (or) WIFE of Albert Wunderlich

6. DATE OF BIRTH (month, day, year) Dec 6th 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Lotz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Philipine Gorta

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Godwin

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 6th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED Nov 8 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19/33, 19..., to Nov. 4/33, 19...

I last saw her alive on Nov. 1/33, 19..... Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Nov. 4/33
Other contributory causes of importance:	
Chronic Arterio Sclerosis.	Unknown

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Hedwig Hanschmidt M. D.

(Address) 933 Hanover et.

M. D. B. 1268-9 E 94976 E 94976

277954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 122-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Scaggs

(a) Residence: No. 6 S. Beechwood ave St., Catonsville md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking & do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME Thomas Scaggs

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Adeline Roberts

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 7 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St.

20. FILED NOV 8 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1933 to Nov 4 1933.

I last saw him alive on Nov 4, 1933. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	1908
Hypertension	"
Angina Pectoris	1910
Adams Stokes Syndrome	"
Bilateral pyonephritis Recent	"
Other contributory causes of importance:	
Bronchopneumonia	11-1-33
Myocardial weakening	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Carmichael Tilghman M. D.

(Address) Johns Hopkins Hospital

M. D. No. E 94977 E 94977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Walnut Av. St., 28-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. Wentz.

(a) Residence: No. 602. Walnut Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zourie G. Wentz

6. DATE OF BIRTH (month, day, year) Jan 24-1852.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westminster. Md.

FATHER

13. NAME Jacob Wentz

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Keller.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Zourie G. Wentz.
(Address) 602 Walnut. Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cem. Date Nov. 6 1933

19. UNDERTAKER Schlosman & Sons
(Address) 624 Hanover St

NOV 6-1933 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 . 1933 to Nov 2 . 1933.

I last saw him alive on Nov 2 . 1933. Death is said to have occurred on the date stated above, at 12:26 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1, 1933

Other contributory causes of importance:

Cardiac Dilatation	Nov 2, 1933

Name of operation None Date of .....

What test confirmed diagnosis? Amical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) George H. Wiseman M. D.

(Address) 1000 Edmondson Ave

Spec.—9 30—A. & Co.—250 Bks

E 94978

E 94978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Presstman St. 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Smallwood

(a) RESIDENCE No. 303 Presstman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

PARENTS

10 NAME OF FATHER Marshall Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Mendonsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co Md.

14 Informant Sarah Smallwood
(Address) 303 Presstman St

15 Filed [illegible] 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3/33

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933, to Nov 3, 1933

that I last saw her alive on Nov 2, 1933

and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

11/5, 1933 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 6 1933

20 UNDERTAKER: Archibald A. Gaddis — ADDRESS: 210 N. Eutaw St

M. D. B. 1268-9

E 94979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94979

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. 10 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leona Margaret Twenty

(a) Residence: No. 15 S. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph E. Twenty

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Kircher

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Joseph E. Twenty
(Address) 15 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cat Lawn Date Nov 1 1933

19. UNDERTAKER John H. Koch & Sons
(Address) 1600 Eastern Ave.

NOV 1 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 31 1933 to Nov. 31 1933

I last saw her alive on Nov. 31 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset 4 yrs

Other contributory causes of importance:

Coma

Name of operation — Date of —

What test confirmed diagnosis? Urine & Sugar Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Not known

(Signed) Guy L. Cromwell M. D.
Coroner

(Address) 203 Patapsco Ave-Brooklyn

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94980 E 94980

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at 1734 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-01 Ward)

Length of residence in city or town, where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mns. ... ds.

2. FULL NAME James Dell

(a) Residence: No. 1010 Law St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Va

FATHER

13. NAME Welch

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rosie

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Crocker
(Address) 230 N Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 11-6 1933

19. UNDERTAKER Brown Mercer & Wright
(Address) Baltimore Md

NOV 6 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on Autopsy 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Ascending Aneurysm of Aorta Rupture Sudden

Date of onset

Other contributory causes of importance:

Probably Luetic

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James W. Hunter Coroner, M. D.

(Address) 700 E. Lanvale

Spec.—9-30—A. & Co.—250 Bks.

E 94981 E 94981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4902 Ross St. Rd. 27-01 WARD)

2-FULL NAME Sarah Macciola

(a) RESIDENCE NO. 4902 Ross St. Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel

6 DATE OF BIRTH (month, day, and year) Sept 22 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	47	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Frank Bruno

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Daniel Macciola
(Address) 4902 Ross St. Rd.

15 Filed 19 Huntington Williams, Asst. Registrar

NOV 16 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 - 33

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 5, 1933

that I last saw h[illegible] alive on Nov 5, 1933

and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Tonsillitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Ed A. Simmons M.D.

11/5, 1933 (Address) 1858 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Nov 8 1933

20 UNDERTAKER Martin W. E. Deppe Inc. ADDRESS 37 S Arnold

Spec.—1-30—M. & T.—250 Bks. E 94982 E 94982

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2032 Wallbrook Aven. WARD) 15-01

2-FULL NAME Odli Spicer Ilgenfritz

(a) RESIDENCE NO. 2032 Wallbrook Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Charles F. Ilgenfritz

6 DATE OF BIRTH (month, day, and year): Nov 26th 187[illegible]

7 AGE — Years: 57 | Months: 11 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10 NAME OF FATHER: Hillsain J Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Emma Oelgrath

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md.

14 Informant: Chas F. Ilgenfritz
(Address) 2032 Wallbrook Ave

15 Filed ..... 6-1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 3, 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 1933, to Nov 3 1933, that I last saw h[illegible] alive on Nov 2 1933, and that death occurred, on the date stated above, at 7 15 P. m.

The CAUSE OF DEATH[a] was as follows:

I. Myocarditis

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Usual
(Signed) Dr H Pearce, M. D.
Nov 4 1933 (Address) 205 Charles

[a]State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown Cemetery Balto Co Md.
DATE OF BURIAL: Nov 7 1933

20 UNDERTAKER: Paul H Hartenstein
ADDRESS: New Freedom Pa

M. D. B. 1266-B E 94983

E 94983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert - 33 St. 25-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Haines

(a) Residence: No. 1625 Lount St Balto. md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 10, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) md

FATHER

13. NAME Roy Haines

14. BIRTHPLACE (city or town) Balto. (State or country) md

MOTHER

15. MAIDEN NAME Laura Kuehn

16. BIRTHPLACE (city or town) Balto. (State or country) md.

17. INFORMANT Mother - Laura Haines (Address) same

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cemty. Date 11/6/ 1933

19. UNDERTAKER Harry F. Mitzke (Address) 4101 Edmondson Ave

NOV 6 - 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-1-33, 19..., to 11-3-33, 19...

I last saw her alive on 11-2-33, 19... Death is said to have occurred on the date stated above, at 6:08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease }	May '33
acute rheumatic fever }	

Other contributory causes of importance:

Fibrinous Pericarditis	11-1-33
Cardiac decompensation	11-2-33

Name of operation none Date of .....

What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Richard Krause M. D.

(Address) Union Memorial Hospital

Spec.—1-12-33—245 To 500 Bks.

E 94981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94984

93-004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1716 Ramsay (St.) 19-01 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank J. Deckert

(a) RESIDENCE NO. 1716 Ramsay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Catherine Deckert (nee Schwarz)

6 DATE OF BIRTH (month, day, and year) Nov 5. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	53	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER August Deckert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Seick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Catherine Deckert (Address) 1716 Ramsay St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/3 1933

17

I HEREBY CERTIFY, That I attended deceased from 11/1, 1933, to 11/3, 1933, that I last saw h(er) alive on 11/3, 1933, and that death occurred, on the date stated above, at 2:40 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Wilcox M. D.

, 19 (Address) 2030 Wilcox Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Nov 6 1933

20 UNDERTAKER: Harry H Witzke — ADDRESS: 4101 Edmondson Ave

1933

Huntington Williams, M.D.

Spec.—9-30—A. & Co.—150 M.

E 94985

E 94985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH House Good Shepherd

CITY OF BALTIMORE: (No. 4200 Liller Ave ST. 19-01 WARD)

2 FULL NAME Bertha Miller

(a) RESIDENCE NO. House of Good Shepherd. Mount Holly ST. WARD
(Usual place of abode) 4200 Liller Ave
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No Occupation

(b) General nature of Industry, business, or establishment in which employed (or employer) Invalid

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Martin Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Schonburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Sisters of Good Shepherd (Address)

15 Filed ..... 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4th 1933

17

I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1933, to Nov 4th, 1933

that I last saw h[illegible] alive on Nov. 2nd, 1933

and that death occurred, on the date stated above, at 8 A M

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sym & symptoms

(Signed) Jos. Gilliland M. D.

Nov 7, 1933 (Address) 300 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov. 7 1933
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St.

M. D. B. 1268-9 E 94986 E 94986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 E. Fayette St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary (Mamie) E. Metge

(a) Residence: No. 122 N. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of John Metge

6. DATE OF BIRTH (month, day, year) Dec 1 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Ochse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chas A Kearney
(Address) 122 N. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Nov 7, 1933

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Eutaw St

FILED NOV 5 - 1933 H. Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Nov 4, 1933

I last saw h[illegible] alive on Nov 3, 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pylorus	1 yr
Nephritis	
Other contributory causes of importance: Cerebral Hemorrhage	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward E Cook M. D.

(Address) 413 N Washington

M. D. B. 1268-9 E 94987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94987

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. 108.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 28-01 (Ward)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Marion Erma Larrabee

(a) Residence: No. 3701 Milford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kenneth K. Larrabee

6. DATE OF BIRTH (month, day, year) April 6, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William White

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Susan Beatley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Kenneth K. Larrabee
(Address) 3701 Milford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov 7 1933

19. UNDERTAKER Henry H. Hughes Sons
(Address) 3 McCulloh & Eutaw Sts

20. FILED Nov 6 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-1-33, 19..., to 11-5-33, 19...

I last saw her alive on 11-5-33, 19... Death is said to have occurred on the date stated above, at 6:18 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10-28-33
& Empyema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

94988 E 94988

CERTIFICATE OF DEATH

179 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary Johnson

(a) Residence: No. 2718 E. Chase St., ...Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joshua F. Johnson

6. DATE OF BIRTH (month, day, year) Mar 9/1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Boden

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Frank

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. H. Ryder (Daughter)
(Address) 2010 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 6 1933

19. UNDERTAKER Wm. J. Tighe & Son
(Address) North & Pa Ave.

20. FILED NO 1933 [illegible] Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Mercury Poisoning	Oct 30
Other contributory causes of importance: Bronchopneumonia (Terminal)	

Name of operation Appendiostomy Date Oct 30/3

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? probably accidental Date of injury ..., 19...

Where did Injury occur? inresidence
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury Deceased's statement " in the dark mistook bottle for

Nature of injury aspirin bottle "

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 526 [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34989

94989

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Penna. ave. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry E Utermahlen

(a) Residence: No. 2504 Penna. ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Romelia Utermahlen

6. DATE OF BIRTH (month, day, year): Oct. 6, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Embalmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 2 yrs.

10. Date deceased last worked at this occupation (month and year): 08

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

FATHER

13. NAME: Geo. A. Utermahlen

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Annie Wantz

16. BIRTHPLACE (city or town) (State or country): Carroll Co. Md

17. INFORMANT (Address): Mrs Romelia Utermahlen Wife 2504 Penna ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Westminster Md Date Nov 7. 1933

19. UNDERTAKER (Address): Wm McKnew & Sons Funeral Parlors.

20. FILED 19 Registrar

11-7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov - 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1 - 1932 to Nov - 3, 1933

I last saw h[illegible] alive on Nov - 3, 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Nov 2-33
Bronchial Asthma	1 yr.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Marlenbe Shook M. D.

(Address) 8062 Hopkins ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94990

CERTIFICATE OF DEATH

8-01 92-001 E 94990

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 N. Caroline St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Jane Kahler

(a) Residence: No. 1527 N. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. A. Charles Kahler

6. DATE OF BIRTH (month, day, year) July 18, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Henry Harman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eliza Jane Wood

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Allen B. Hammond
(Address) 1527 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 6, 1933

19. UNDERTAKER Wm. J. Tyckenert Sons
(Address) North & Fa ave
Huntington Williams, Registrar.

20. FILED 11-6-1933 JHS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1933 to Nov 4 1933

I last saw her alive on 11-4 1933 Death is said to have occurred on the date stated above, at 11:40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	11/1/33
Other contributory causes of importance:	
Mitral Regurgitation	10/20/
Cerebral Arterio-sclerosis	33

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Miller M. D.

(Address) 1527 N Broadway

M. D. B. 1268-9

94991

HEALTH DEPARTMENT—CITY OF BALTIMORE

94991

CERTIFICATE OF DEATH

✓ 174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Knight

(a) Residence: No. 816 McDonough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 10/1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alfred Knight

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ada Marsh

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ada Knight (mother)
(Address) 816 McDonough St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Nov 6, 1933

19. UNDERTAKER R. A. Elliott
(Address) [illegible]

NOV 6 - 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Oct 29/33

Where did injury occur? 820 Shutter St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public house

Manner of injury Stabbed with unknown

Nature of injury instrument (Knife?)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. H. Gallen, M. D.
Coroner

(Address) 508 E Monument

Spec.—2-29-28—L. F. S.—500 Blks.

Hammond

34992 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34992

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 W. Hill ST. 27-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Hammond

(a) RESIDENCE NO. 233 W. Hill St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

3a If married, widowed, or divorced — HUSBAND of (or) WIFE of Annie Hammond

6 DATE OF BIRTH (month, day, and year) Nov 3 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Mr Allen-Bell

(c) Name of employer Eppes

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Annie Hammond (Address) 233 Hill St

15 Filed 19 Registrar

NOV 6 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Nov 3, 1933, that I last saw him alive on Nov 2, 1933 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum Valvular

(duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac

(duration) yrs. 2 mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Fowler, M. D.

Nov. 4, 1933 (Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct

DATE OF BURIAL Nov 6 1933

20 UNDERTAKER Josiah L Brown Son

ADDRESS 101 W Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94993

CERTIFICATE OF DEATH

13NE 94993

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Everett Ford

(a) Residence: No. 2314 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Ford.

6. DATE OF BIRTH (month, day, year) 7-12-99

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 years	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 9-10-33

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) (State or country) BALTIMORE

FATHER

13. NAME Richard Everett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Eusler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Husband
(Address) 2314 Barclay St, Balt City

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Nov 7, 1933

19. UNDERTAKER Mary M Wedderell
(Address) 2201 E 22nd St

20. FILED NOV 7 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933, to Nov 4, 1933

I last saw h[illegible] alive on Nov 4, 1933. Death is said to have occurred on the date stated above, at 1.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
UREMIA	
CARDIAC FAILURE	
Other contributory causes of importance:	
CARDIO VASCULAR - NEPHRITIC DISEASE BP 274/136	

Name of operation ..... Date of .....

What test confirmed diagnosis? NPN, BP, Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry T. Edwards M. D.

(Address) City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 94994 ✓24 E 94994

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 325 Upton St. 17-A (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Natalie F Brown

(a) Residence: No. 325 Upton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Henry Brown
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Edith Kent.
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edith Brown
(Address) 325 Upton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 6, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h... alive on Nov 3, 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	
Other contributory causes of importance:	

Name of operation ..... Date of 1933

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. G. Guck, M. D.
Coroner

(Address) .....

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

94995

CERTIFICATE OF DEATH

131 E 94995

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 W. Lexington st. St. 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Naylor

(a) Residence: No. 1536 W. Lexington st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. Naylor

6. DATE OF BIRTH (month, day, year) Sept. 1st. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME William Green

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Jannie Hardman

16. BIRTHPLACE (city or town) (State or country) Calver Co., Md.

17. INFORMANT Fannie Sewell
(Address) 1536 W. Lexington st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Nov 6, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St

Registrar.

FILED NOV 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3rd. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st. 1933 to Nov. 3rd. 1933

I last saw her alive on Oct. 31st. 1933 at 8.10 p.m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11-1-33
Other contributory causes of importance: Prob. Ch. Nephritis	

Name of operation Physical Exam. Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Walter J. Jackson M. D.
(Address) 1631 W. Franklin st

AdCo. 5-31 2508

E 94996 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 94996

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Dartham St., 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura B. Goods

(a) Residence: No. 1025 Sarah Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

FATHER

13. NAME Thomas Goods

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

MOTHER

15. MAIDEN NAME Honorella Washington

16. BIRTHPLACE (city or town) Gloucester Co. Va.
(State or country)

17. INFORMANT Ella Jones
(Address) 1069 W. Lex

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Nov 6 19 33

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Stricker St.

20. FILED [illegible] 19 33 [illegible] Registrar.

NOV 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933 to Nov 2, 1933
I last saw h[illegible] alive on Nov 2 1933 death is said to have occurred on the date stated above, at 9 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	Unknown
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an antopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Marcea Williams M. D.

(Address) 1 S. Broadway

M. D. B. 1268-9

94997 **HEALTH DEPARTMENT—CITY OF BALTIMORE** XV 46 E 94997

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)
Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emanuel Flemming
(a) Residence: No. 111 Lucy Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Flemming

6. DATE OF BIRTH (month, day, year) Aug 17, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	2	19 20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) 10/23
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME George Moxley
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Elyria Brown
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cemetery Date Nov 17 1923

19. UNDERTAKER C. M. Watts
(Address) [redacted]

20. FILED Nov 19 1923 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1923

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1923 to Nov 16 1923
I last saw her alive on Nov 6 1923 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach — Date of onset ?

Other contributory causes of importance:
Intestinal Obstruction — 10/23

Name of operation Gastro Enterostomy Date of 10/23
What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel L. Zegner M. D.
(Address) Mercy Hospital

M. D. B. 1268-9

94998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12/E 94998

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Howell, 2nd

(a) Residence: No. 4705 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /Nov/17/1929/

6. DATE OF BIRTH (month, day, year) Nov 17/1929.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Roger Howell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Katherine Clifford

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Roger Howell
(Address) 4705 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL Date Nov 7 1933
Place Loudon Park

19. UNDERTAKER John D Mitchell Bro
(Address) 1900 Eutaw Place

20. FILED Nov 8 1933 Huntington Mitchell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . Death is said

I last saw h alive on . 19 .

to have occurred on the date stated above at 10:30 A.M.

The principal cause of death and related causes of importance were as follows: Sepsis-Peritonitis — Date of onset

Other contributory causes of importance: Ruptured appendix (with ileus) 2 mons

Name of operation Enteroston[illegible] Date of ?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Buxton M. D.
Coroner
(Address) 708 E Lanvale

E 94939 White E 94939

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 W. Lafayette Ave St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Marie Wicks

(a) Residence: No. 2429 W. Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. F. Wicks Sr

6. DATE OF BIRTH (month, day, year) July 4th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Osterhaus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora Lessler

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Geo. F. Wicks Jr
(Address) 2429 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 7th, 1933

19. UNDERTAKER Geo. Weber & Edmondson Ave
(Address) 2503

20. FILED ..... 19 ..... Wilmington Williams

OV6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1933, to Nov. 4, 1933

I last saw her alive on Nov. 4, 1933 Death is said to have occurred on the date stated above, at 3.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Arterial hypertension	1932 ?
Myocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George L. Libby M. D.

(Address) 1131 S. Castle Ave.

E 95000 E 95000

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac West

(a) Residence: No. 1223 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lewis West

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 12/4/33 19

19. UNDERTAKER Chas. G. Fisher
(Address) 3147 W. Baltimore St.

20. FILED 12-9 AON Arthur Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1931, to November 2, 1933

I last saw him alive on Nov 2, 1933 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Nephritis, arteriosclerotic	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Phazell, M. D.

(Address) Balt. City Hosp.

Love

M. D. B. 1268-9 E 95001 E 95001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (or) 96-01 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin C. Love

(a) Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8, 1873

7. AGE: Years 59 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Love

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Josephine Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date 11/6/33. 19

19. UNDERTAKER John J. Fahey Funeral Home
(Address) 1911 Pitt St.

20. FILED Huntington Wallace, M.D. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) October 31. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25. 1933 to Oct 31. 1933

I last saw him alive on Oct 31. 1933 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	5 yrs
Chronic nephritis	?
Myocardial failure	1 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Pharmacist ..... M. D.

(Address) Balt. City Hosp

state CAUSE OF DEATH in plain terms, that it ma p' y classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ACTLY. PHYSICIANS should

should be state

Spec.—2-29-28—L. F. S.—500 Bks.

E 95002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95002

√46

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6900 Belona ave ST., 14-01 WARD)

2—FULL NAME Mary Ida Linthicum

(a) RESIDENCE NO. 1507 John ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 11-1857

7 AGE Years 76 Months 7 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) A. A Co Md (State or country)

PARENTS

10 NAME OF FATHER John Linthicum

11 BIRTHPLACE OF FATHER (city or town) A A Co Md (State or country)

12 MAIDEN NAME OF MOTHER Matilda Lane

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co Md (State or country)

14 Informant Wm Carmel Linthicum

(Address) State Line Arnold Md

15 Filed NOV 6 1933 Lizzie Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5th 1933

17 I HEREBY CERTIFY, That I attended deceased from March, 1933, to Nov. 2, 1933, that I last saw h[illegible] alive on Nov 5th 1933, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Sigmoid

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes Clinical & autopsy

What test confirmed diagnosis?

(Signed) H A Woody, M. D.

, 19 (Address) 140 Stark ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Nov 7th 1933

20 UNDERTAKER: Putnam & Gore ADDRESS: 2234 Eutaw

important. See instructions on back of certificates.

M. D. B. 1268-B E 95003

E 95003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-001

1. PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ..... St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Emma Wheeler

(a) Residence: No. 2211 Roger Ave St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F Wheeler

6. DATE OF BIRTH (month, day, year) Nov 16 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Same Jackson

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Sarah Lane

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Nov ... 1933

19. UNDERTAKER George J Smith

(Address) 532 Baltimore St

20. FILED Nov 6 1933 Registrar

NOV 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1933 to 11-4 1933

I last saw h alive on 11-4 1933. Death is said to have occurred on the date stated above, at 2 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Neck of Right Femur	10/29/33
Other contributory causes of importance: Bronchial Pneumonia	10/30/33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/29 1933

Where did injury occur? Dr Kane Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Dr Kane - 2211 Roger Ave

Manner of injury Fell in bath room

Nature of injury Fract's Fem.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Md. Gen. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2 5 3

M. D. H. 1264 E 95004 E 95004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-93-003

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roy Reed
(a) Residence: No. Middle River P O St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Reed

6. DATE OF BIRTH (month, day, year) May 1 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Chauffeur Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase Md

FATHER
13. NAME Geo Letts
14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER
15. MAIDEN NAME Laura Reed
16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Ida Reed
(Address) Middle River P. O.

18. BURIAL, CREMATION, OR REMOVAL
Place Chase Md Date Nov 6 1933

19. UNDERTAKER Robert E Williams
(Address) 1515 McElderry St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on January 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Myocarditis	1 yr

Other contributory causes of importance:
Acute dilatation of heart
Sudden

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) James M Peyton M. D.
Coroner
(Address) 700 E Chase

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95005

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mollie Redder

(a) Residence: No. 2228 Cambridge St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Redder

6. DATE OF BIRTH (month, day, year) Nov 20th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Valentine Staub

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date Nov 7, 1933

19. UNDERTAKER Frank P. Fitzstone
(Address) 2818 E. Baltimore St

20. FILED NOV 6 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Nov 4, 1933

I last saw her alive on Nov 4, 1933. Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Generalized Arteriosclerosis	?
Senility	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) J. H. Burns, M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should

M. D. B. 1203-0 E 95006

E 95006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Scott St., 21-0 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Devine

(a) Residence: No. 1117 Scott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Patrick Devine

6. DATE OF BIRTH (month, day, year) Sept 3rd 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John G. Digney

(Address) 1117 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/7 33

19. UNDERTAKER Bernard C. Hale

(Address) 1000 E. Pratt St.

20. FILED ..... 19 .....

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1933 to Nov. 4 1933

I last saw her alive on Nov. 3 1933 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mo.
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Waelder Clements M. D.

(Address) 933 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 3

CVS-1333

M. D. R. 1268-9

E 95007

95007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Broadway St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maria L. Kalkmann

(a) Residence: No. 1718 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles F. Kalkmann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Agnes Fuseman

(Address) 1718 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 11-6 1933

19. UNDERTAKER J. B. Wilbert & Son

(Address) 1300 Eutaw Place

20. FILED NOV 6 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Nov 4 1933

I last saw her alive on Nov 4 1933 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Oct 25
Other contributory causes of importance: Hypostatic	

Name of operation ..... Date of .....

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. H. Toomey M. D.

(Address) 1512 N Broadway

IMPORTANT—This record should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

E 95008

95008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Boarder

(a) Residence: No. 2555 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Boarder

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

MOTHER

15. MAIDEN NAME Lydia Isaac

16. BIRTHPLACE (city or town) (State or country) Longreen Maryland

17. INFORMANT Mother

(Address) 2555 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 4 1933

19. UNDERTAKER .....

(Address) .....

FILED NOV 6 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1933 to November 1, 1933

I last saw her alive on November 1, 1933 Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Premature Labor
Twin pregnancy
Rheumatic Endocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. W. DeLuce, M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95009

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby boy Bloney

(a) Residence: No. Roanoke Virginia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1, 1933

7. AGE Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Bloney
14. BIRTHPLACE (city or town) (State or country) Roanoke Virginia

MOTHER

15. MAIDEN NAME Elizabeth Byrd
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 4 19 33

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1933 to November 2, 1933
I last saw h[illegible] alive on November 2, 1933. Death is said to have occurred on the date stated above, at 4:25 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B. W. Donohue M. D.
(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6-1933

M. D. H. 1268-9

E 95010

E 95010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mack Allen

(a) Residence: No. 127 E Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennette Allen

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME John Allen

14. BIRTHPLACE (city or town) (State or country) N C.

MOTHER

15. MAIDEN NAME Harriet Brown

16. BIRTHPLACE (city or town) (State or country) S C.

17. INFORMANT Jennett Allen

(Address) 127 E Madison

18. BURIAL, CREMATION, OR REMOVAL

Place Greenberg Date Mar 9 1933

19. UNDERTAKER Ely Bryan

(Address) 1631 Lee St

Huntington Heights, Md

Registrar.

FILED MAR 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Arterial Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) D. C. Norgaard M. D.

Coroner

(Address) 111 N Gilmor St

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

E 95011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. E. 95011

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Harlem Ave. Ward) Feb-01

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Wich

(a) Residence: No. 2406 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad L. Wich

6. DATE OF BIRTH (month, day, year): June 26, 1865

7. AGE: Years 68 | Months 4 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Christian Wohn
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Clara Grossmeyer
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Conrad L. Wich
(Address) 2400 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Nov. 7th 1933

19. UNDERTAKER: Mrs Jno. H. Tenfelde Son
(Address) 801 W. Lafayette St

Huntington Williams & Co
Nov 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1932 to Nov. 5 1933
I last saw her alive on Nov. 4 1933 Death is said to have occurred on the date stated above, at 12 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Coronary Thrombosis	Jan 32
Other contributory causes of importance: Chr. Interstitial Nephritis	Unknown

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. C. Blake M. D.
(Address) 719 Med. Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 95012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95012

K V 141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Berger

(a) Residence: No. 1200 N Fayette St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Berger

6. DATE OF BIRTH (month, day, year) Dec 13 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago

FATHER

13. NAME Samuel Diago

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mabel Brooks

16. BIRTHPLACE (city or town) (State or country) Chicago

17. INFORMANT Truman Berger

(Address) 1200 Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/6, 1933

19. UNDERTAKER Frederick S. Cole

(Address) 1 E. Mulberry St.

20. FILED 11/6, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tonsilitis due to Scarlet Fever	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V 6-1933

M. D. B 1268-9

E 95013

95013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton Ave St. 4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Smith Tyler

(a) Residence: No. 1928 Barnes St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Dennis Tyler

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alex Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient-Informant

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 6 19 33

19. UNDERTAKER .....

(Address)

FILED 19 .....

Registrar.

NOV 6 - 1933

0081

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/9 1933 to 11/1 1933

I last saw h.. alive on 11/1 1933 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	1 yr
Other contributory causes of importance: Bronchopneumonia	1 day

Name of operation ? Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F.R. Burns M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 95014

M. D. B. 1268-9

E 95014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 3-01 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Wilson

(a) Residence: No. 433 S Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Henrietta Wilson

16. BIRTHPLACE (city or town) (State or country) D. C

17. INFORMANT Deaths
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 6 1933

19. UNDERTAKER .....
(Address) .....

6-1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1933 to November 1, 1933

I last saw him alive on Nov. 1, 1933 Death is said to have occurred on the date stated above, at 10 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Tuberculosis	?
Chronic nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. A. Magill M. D.

(Address) Baltimore City Hosp

VOID IF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95015

E 95015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Vaughn

(a) Residence: No. 901 Camel Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Vaughn.

6. DATE OF BIRTH (month, day, year) Dec 15, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	1915	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cementer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&S

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) ~~Sol~~ Va.
(State or country)

FATHER

13. NAME Johns Vaughn.

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Jane Lane

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Nellie Jones (sister)
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 6 1933

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/31 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/9/30 1930 to 11/3 1933

I last saw h... alive on 11/3 1933 Death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene, arteriosclerotic	?
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

6-1933

0086

E 95016

M. D. B. 1268-9

95016
27806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dolores Miles

(a) Residence: No. 1023 N Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-17-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6 weeks 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Marshall White

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Estelle Miles

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place U of Md Med College Date ..... 19...

19. UNDERTAKER .....
(Address) Huntington Funeral Home, Inc.

20. FILED Oct 19 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933 to Oct 31, 1933

I last saw h. er alive on Oct 31, 1933 Death is said to have occurred on the date stated above, at 2 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	10 days
Meningoles (B. Proteus)	2

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wayne S Taylor M. D.

(Address) Johns Hopkins Hospital

V 5 • OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

E 95017

E 95017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Sakowski

(a) Residence: No. 7023 Fifth Lane (Usual place of abode) Dundalk St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 23, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7 0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Martha Sakowski

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ...

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Nov 6th, 19 33

19. UNDERTAKER ...

(Address)

20. FILED 19 ... Registrar

6-1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/23/33, 19 ... to 11/1/33, 19 ...

I last saw he alive on 11/1/33, 19 ... Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	11/1/33

Other contributory causes of importance:

Prematurity Enlarged Thymus	10/23/33

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Howard A Kelly, M. D.

(Address) Johns Hopkins Hospital

V. S. 3 — State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95018

95018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 E Biddle St., 8th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John S. Wisbeck

(a) Residence: No. 2036 E Biddle St., 8th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Wisbeck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Sauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Wisbeck
(Address) 2036 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov. 7th 1933

19. UNDERTAKER Stephen J. Filkowski & Co
(Address) 1500 Penna Ave.

20. FILED [illegible] Registrar

NOV 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1933, to Nov. 3 1933

I last saw him alive on Nov 3 1933. Death is said to have occurred on the date stated above, at 1:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lungs.	Aug 33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Samuel Hyde M. D.

(Address) 1331 E Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95019

E 95019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Widerman (James Albert Widerman)

(a) Residence: No. 1817 Whitmore Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irma Widerman

6. DATE OF BIRTH (month, day, year) October 23, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	-	13/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tire Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. Sigurd Walter Inc

10. Date deceased last worked at this occupation (month and year) October 23, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Andrew N. Widerman

14. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Deitzel

16. BIRTHPLACE (city or town) Parkton
(State or country) Maryland

17. INFORMANT Mr. Andrew N. Widerman
(Address) 1817 Whitmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Nov. 8 1933

19. UNDERTAKER Joseph M. Cook
(Address) 1003 W. Baltimore St.

FILED V 6-1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-4-33 1933 to 11-5-33 1933

I last saw h[illegible] alive on 11-5 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis c hypertension	

Other contributory causes of importance:

Uremia	

Name of operation none Date of —

What test confirmed diagnosis? clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) [illegible] M. D.

(Address) U.H.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95020

E.95020 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Claire Hobelmann

(a) Residence: No. 3316 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/19/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herb. Hobelmann

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Louise Fennessey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Bon Secours Hospital Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date 11/7/33

19. UNDERTAKER Eugene Stanley
(Address) Fetterolf & Forgette

20a. FILED 11-6-1933 Thomas J. Williams Registrar
RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from — , 1933 to 11/6, 1933

I last saw her alive on 11/6, 1933 Death is said to have occurred on the date stated above, at 11:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo)	
Malnutrition	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Alexis H. Lowman M. D.

(Address) Bon Secours Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. B. 1268-9

(Spears)

E 95021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosie Sheans

(a) Residence: No. 1314 North Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry Sheans

6. DATE OF BIRTH (month, day, year) — 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

FATHER

13. NAME Tom Brown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Henry Speares
(Address) 1314 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Nov 7 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 303 Presstman st.

20. FILED Nov 6 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1933

22. I HEREBY CERTIFY, That I attended deceased from October 11 1933 to November 3 1933

I last saw her alive on November 3 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic myocarditis	
2. Arteriosclerosis (not marked)	
3. Pulmonary congestion — terminal.	
Other contributory causes of importance:	
1. Gangrene Left foot	
2. Arteriosclerosis	

Name of operation Amputation Left foot Date of 10-13-33

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) St Josephs Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

95022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95022

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 East Lafayette ave 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard S. Whitaker

(a) Residence: No. 329 East Lafayette ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beulah E Whitaker

6. DATE OF BIRTH (month, day, year) Aug 28 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Danny H Whitaker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E Hill

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rolland E Whitaker

(Address) 329 East Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 11/8 1933

19. UNDERTAKER Thos S Segrow

(Address) 1011-1 st N.W. Washington D.C.

20. FILED 6-1933 Thos. S. Segrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1933 to Nov 5 1933

I last saw him alive on Nov 5 1933. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Cardiac failure Pneumonia Lobar

Name of operation None Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. E. Frantum M. D.

(Address) 1103 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of

Spec. 2-29-28—L. F. S.—500 Blks.

E 95023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95023

CERTIFICATE OF DEATH

√ 131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1408 Fawson ST. 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Leichling

(a) RESIDENCE NO. 1408 Fawson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of George Leichling

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Peter Schanzenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

11 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

13 Informant Mrs Anna Haspert

(Address) 1408 Fawson St

15 NOV 6 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4-1933.

17 I HEREBY CERTIFY, That I attended deceased from January 7, 19 33, to Nov 4, 19 33, that I last saw her alive on Nov 4, 19 33, and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Hypertension

Arteriosclerosis.

(duration) yrs. 10 mos. 0 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? √

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis & Symptoms

(Signed) Thos. F. a Stevens, M. D.

, 19 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C. C.

DATE OF BURIAL Nov 8 1933

20 UNDERTAKER Chas F. Stevens

ADDRESS 1501 Fort Ave

Important. See instructions on back of certificates.

M. D. H. 1288-9

E 95024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95024

CERTIFICATE OF DEATH

V 133

8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Carney

(a) Residence: No. 1703 Crystal Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Carney

6. DATE OF BIRTH (month, day, year) Feb. 24, 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.
67	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John J. Carney

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Adella Griffin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Marie Snee

(Address) 2427 Jefferson Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov. 7, 1933

19. UNDERTAKER Ruth [illegible]

(Address) [illegible]

FILED 6-1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance:	
Genl Arteriosclerosis	
Infarcts of left kidney	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D.

Coroner

(Address) 508 E Monument

OCCUPATION is very important. See instructions on back of certificate. Exact statement in plain terms, so that it may be properly classified. PHYSICIANS, should

M. D. H. 1268-9 E 95025 — M E 95025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 9-a Ward)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Vincent Almony

(a) Residence: No. Marlton West St., Montgomery Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marguerite Almony

6. DATE OF BIRTH (month, day, year) Oct 28, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James T. Almony

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Celeste Stanfield

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Grace P. Armacost

(Address) Marlton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Moriah Date Nov 9, 1933

19. UNDERTAKER P. Markwitz

(Address) White Hall Md

Filed NOV 6 - 1933, 19.. Wm. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 19.. to ... 19..

I last saw h... alive on Nov. 3, 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 4, 1933

Where did injury occur? Harford Rd & Western Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving collided with another

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Paterny M. D.

(Address) 2930 E Madison St Coroner

CERTIFICATION IS very important. See instructions on back of certificate.

E 95026

M. D. B 12685

E 95026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Scarff

(a) Residence: No. 6209 Fairoaks Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence C. Scarff

6. DATE OF BIRTH (month, day, year) April 12, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	73	6	23 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loving Queen

Place St. John Church, Cemetery Date Sept. 8 1933

19. UNDERTAKER A. S. Marshall

(Address) 3539 Falls Road.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1933 to November 5, 1933

I last saw h... alive on November 5, 1933 Death is said to have occurred on the date stated above, at 10 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	?
Pulmonary Edema	4 Days
Coronary Thrombosis	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

OV7-1933

Form 3

M. D. B. 1264 E 95027 E 95027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 N. Montford Ave. St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Elmo Rust

(a) Residence: No. 1227 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Rust

6. DATE OF BIRTH (month, day, year) March 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	61	7	15 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... machinist 91

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simpson & Doebler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) asked and not known

MOTHER

15. MAIDEN NAME asked and not known

16. BIRTHPLACE (city or town) (State or country) asked and not known

17. INFORMANT Mrs. Helen Anthony (Niece)
(Address) Towson, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood cemetery Date Nov. 7, 1933

19. UNDERTAKER A. S. Marshall
(Address) 3639 Falls Road

20. FILED NOV 7 1933 If [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at about 6-7 p.m.

The principal cause of death and related causes of importance were as follows:

Illuminating gas poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Nov 5/33

Where did injury occur? 1225 N. Montford Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of Injury Turned oven of kitchen

Nature of injury range.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] Coroner, M. D.

(Address) 508 E Monte

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 95028 HEALTH DEPARTMENT—CITY OF BALTIMORE B 95028

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Mosher St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs.) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Parker

(a) Residence: No. 708 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 9 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME Edw Parker

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER

15. MAIDEN NAME Margaret Lewis

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Edw Parker
(Address) 708 Mosher

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Nov 7, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 E Lexington St Huntington Williams

20. FILED NOV 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Nov 5 1933 Death is said to have occurred on the date stated above, at m.

The prinripal cause of death and related causes of importance were as follows:

Whooping Cough — 3 weeks — Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leetch, M. D. Coroner

(Address) Towson

IMPORTANT: This certificate is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95029

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St., 11 - 6th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. William T. Matthews

(a) Residence: No. 900 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced (write the word)~~
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Augusta Matthews

6. DATE OF BIRTH (month, day, year) June 11-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William T. Matthews

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME — Travers

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm B. Matthews

(Address) 5004 Denmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 8, 1933

19. UNDERTAKER Guy E. Franck

(Address) 801 Madison Ave

FILED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1933, to Nov 6, 1933

I last saw him alive on Nov 6, 1933. Death is said to have occurred on the date stated above, at 12 07 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11/4/33

Other contributory causes of importance:

Arteriosclerosis
Hypertension
Nephritis (terminal)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Gerald A. Doyle, M. D.

(Address) Church Home + Inf

OCCUPATION is very important. Give it even if deceased had retired from active business. Exact statement of occupation may be necessary to properly classified. See instructions on back of certificate.

M. D. B. 1268-9

E 95030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95030

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 N. Broadway St., E-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred A. Moreland

(a) Residence: No. 1613 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced RUSBAND of (or ~~WIFE of~~) Mrs. Anna L. Moreland

6. DATE OF BIRTH (month, day, year) February 15 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph F. Moreland

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Sarah L. Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Anna L. Moreland

(Address) 1613 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date November 8 1933

19. UNDERTAKER Henry Heck & Sons, Inc.

(Address) 1301 E. Eager St.

FILED ..... 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to Nov 5 1933

I last saw h... alive on Nov 5 1933 Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1924
Other contributory causes of importance: Cardiac decompensation	10 days
chloroform	10 days

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Sudler M. D.

(Address) 2348 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

NOV 7 - 1933

M. D. B. 12694 E 95031 Emma C, LaPaugh E 95031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma C. LaPaugh

(a) Residence: No. 1729 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles M. LaPaugh

6. DATE OF BIRTH (month, day, year) Oct. 18 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn Co. Pa.

FATHER

13. NAME Albert Bryant
14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Ida Griffin
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Ruth E. LaPaugh Smith
(Address) 1729 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date Nov 8 1933

19. UNDERTAKER Chas. L. Black
(Address) 1711 W. Baltimore

20. FILED Nov 8 1933 Huntington Williams Registrar

11-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/17 1933 to 11/5 1933
I last saw he alive on 11/5 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decubitus ulcer - senility old Unmarried fracture of hip	1 yr. 13 mo.
Other contributory causes of importance: Bronchopneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Robert G. Perle, M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of cause of death in plain terms, so that it may be properly classified.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95032 E 95032

CERTIFICATE OF DEATH

Registered No. 83

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Forney

(a) Residence: No. Riggs Mills Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Freda Forney

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓ 52 Years	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. University of Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John P. Forney

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Hameed

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Freda Forney

(Address) Riggs Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hyattsville Md Date Nov 7 1933

19. UNDERTAKER P. Gascho Sons

(Address) Hyattsville Md

20. FILED NOV 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/8 1933 to 11/6 1933

I last saw h.e alive on 11/6 1933 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Other contributory causes of importance:	

Name of operation Exploratory Cranotomy Date of 11-4-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. P. Ahrons Jr. M. D.

(Address) Univ Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 95033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95033

CERTIFICATE OF DEATH

Registered No. 27-901

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2 Ward) Life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leona Hottleamyer

(a) Residence: No. 5917 Carter Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
/	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Hottleamyer

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mignon Carson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem Date 11-9 19 33

19. UNDERTAKER Lenard Plumley
(Address) 5505 Harford Rd

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7- 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1933 to Nov. 7, 1933

I last saw her alive on Nov. 7, 1933. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	2 wks

Other contributory causes of importance:

Name of operation Laparotomy Date of 10/26/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Kaufman M. D.

(Address) Mercy Hospital

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 53

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95034

CERTIFICATE OF DEATH

59

E 95034

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. [illegible] (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Isaac Herbert

(a) Residence: No. 331 Gold St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodeph Sholom Cem. Date 11/7/33 19...

19. UNDERTAKER: Paul Lewis Inc.

(Address) 1739 E. Balto St.

20. FILED NOV 7 - 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1933, to Nov 7, 1933.

I last saw him alive on Nov 7, 1933. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	unknown
Adipocardial Degeneration	unknown
Cerebral Thrombosis	Nov 3, 1933

Other contributory causes of importance:

Diabetes Mellitus	unknown
Emphysema	unknown

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gustav Hughstein M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

1013 N. Charles St.

M. D. B. 1265-9

95035 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

47 E 95035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Ulman ave St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 42 yrs. ..... mos. ..... ds.

2. FULL NAME Rendel Goldstein

(a) Residence: No. 2909 Ulman ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michael Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rebecca Goldstein
(Address) 2909 Ulman ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rolling Green Mem. Park Date 11/7/33 19

19. UNDERTAKER Jack Levin
(Address) 1439 E. Baltimore St.

20. FILED NOV 7 - 1933 19 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6/33 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1933 to Nov. 6, 1933

I last saw him alive on Nov. 6, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung Myocardials	2 mo
Other contributory causes of importance: Carcinoma of Right Hip & Sacrum	3 mo

Name of operation none Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Theodore H. Morrison M. D.

(Address) 1013 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95036

E 95036

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2546 Fredrick Av 20-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John A Krupnick

(a) Residence: No. 2546 Fredrick Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Elizabeth Krupnick

6. DATE OF BIRTH (month, day, year) Jan 27-1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Krupnick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm Krupnick
(Address) 2546 Fredrick Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery 11/7/ 38 19

19. UNDERTAKER F. B. Wightman Son
(Address) 1300 Eutaw Place

20. FILED Huntington Hilliard 1938
NOV 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4/ 38 19

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to Nov 4 1938

I last saw him alive on Nov 4 1938 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Dont Know

Other contributory causes of importance: None

Name of operation None Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Z Vincent Hooper M. D.

(Address) 2565 Fredrick

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. H. 1268-9 E 95037

275797 E 95037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 124-002

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-08 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sam A Sally

(a) Residence: No. 3504 Washington ave St., ... Ward. Newport News Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-18-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	50	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Syria

FATHER

13. NAME Abraham Sally

14. BIRTHPLACE (city or town) (State or country) Syria

MOTHER

15. MAIDEN NAME Kazona Hamood

16. BIRTHPLACE (city or town) (State or country) Syria

17. INFORMANT Records Mike Sally
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Newport News Date Nov 8, 1933

19. UNDERTAKER John O'Mutchell Newport News
(Address) 1924 Lafayette Blvd Norfolk Va

20. FILED Nov 8 1933 [illegible] Registrar.

NT-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933, to Nov 6, 1933
I last saw him alive on Nov 6, 1933. Death is said to have occurred on the date stated above, at 10 22 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Toxaemia from extensive infection about June 1
(mixed) from small bowel & appendix
Carcinoma, extravasation from [illegible]
Obstruction upper pubic region & Rt. Thigh
Beginning hepatic cirrhosis "
Coronary sclerosis "

Other contributory causes of importance:
Hemolytic infection causing and anemia.

Name of operation Incision & drainage Date of Nov 3 33
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) I A J Jewell M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AaCo. 5-11 2500

E 95038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95038

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 27 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John Norman

(a) Residence: No. 1502 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie Norman

6. DATE OF BIRTH (month, day, year) June 4 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65 yrs	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder, carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self employed

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Augustus Norman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Carrie Norman
(Address) 1502 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 9th 1933.

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED [illegible] Registrar

NOV 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1933 to Nov 6, 1933

I last saw h[illegible] alive on Nov 6 1933 death is said to have occurred on the date stated above, at 1 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholangitis	Oct 25, 1933
Acute Cholangitis	
Peritonitis	Nov 1, 1933
Pneumonia	Nov 2, 1933
Bronchopneumonia	Nov 5, 1933

Other contributory causes of importance:

Name of operation Cholecystotomy Date of Oct. 25, 1933

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. M. Cunnie M. D.

(Address) So. Balto. Genl. Hosp.

AUTOPSY IS very important. See instructions on back of certificate.

M. D. B 1268-9 E 95039 E 95039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Hospitals St., 10-01 Ward)

Length of residence in city or town where death occurred 5-3- yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Beitzel

(a) Residence: No. 110 Brentwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Beitzel (dead)

6. DATE OF BIRTH (month, day, year) April 6, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centre Co. Pa

FATHER

13. NAME Andrew Johnson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Catherine Beans

16. BIRTHPLACE (city or town) (State or country) Centre Co. Pa

17. INFORMANT Friends (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemetery Date Nov. 8 1933

19. UNDERTAKER Chas. S. Brace & Son (Address) 1101 N. Howard St.

Huntingdon Williamsport, Pa.

7-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 25 1933 to November 5 1933

I last saw her alive on Nov. 5 1933 Death is said to have occurred on the date stated above, at 4-25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic ?	
Myocardial failure	

Other contributory causes of importance:

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public place**

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. D. Magill M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 95040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95040

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 East 39th ST., 9-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude R Wain

(a) RESIDENCE NO. 501 East 39th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Charles L. Wain

6 DATE OF BIRTH (month) Oct (day) 31 (year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	65		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John J Schlassel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Victoria Himmelberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles L. Wain

(Address) 501 E 39th St

15 Filed NOV 10 1933, at Huntington Williams, Mgr
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1933

17

I HEREBY CERTIFY, That I attended deceased from July, 1933, to Nov 5, 1933, that I last saw h.. alive on Nov 5th, 1933 and that death occurred, on the date stated above, at 7.25 p m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-vascular disease

(duration) 10 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Wack, M. D.

, 19 (Address) 513 E 39th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	11/8 1933
UNDERTAKER	ADDRESS
Charles F. Evans & Son	Mt. Royal ave

M. D. B. 1268-9

•E 95041

95041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Barclay St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry L. Burkhard

(a) Residence: No. 1900 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Kate Burkhard

6. DATE OF BIRTH (month, day, year) Mar 26th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Wholesale Corp

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Harry A. Burkhard

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT Kate Burkhard

(Address) 1900 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 8th 1933

19. UNDERTAKER Wm Cook

(Address) 1219 E. Fayette St

20. FILED Nov 7 1933 Thurlington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1933 to Nov 6th 1933

I last saw h.im alive on Nov 5 1933 Death is said to have occurred on the date stated above, at 6½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	11-5-33

Other contributory causes of importance:

Chronic Nephritis	?
Chronic Endocarditis	?
Arteriosclerosis - Hypertension	?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) George L. Wrang M. D.

(Address) 4000 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 95042

HEALTH DEPARTMENT—CITY OF BALTIMORE

(M E 95042)

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St., 8 Ward 9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Richardson Hatfield

(a) Residence: No. 3410 Elmley ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosalie

6. DATE OF BIRTH (month, day, year) May 13, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Stores

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte Mont

FATHER

13. NAME James L. Hatfield

14. BIRTHPLACE (city or town) (State or country) Carol Co., Md

MOTHER

15. MAIDEN NAME Mary M Forward

16. BIRTHPLACE (city or town) (State or country) Butte Mont

17. INFORMANT Mary Hatfield (Address) 424 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL Woodland Cem. Balto. Date 11/8 1933

19. UNDERTAKER Geo. Cook (Address) 241 E. Lexington St. Baltimore, Md.

20. FILED 7-1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at 1:30 p m

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

Other contributory causes of importance:

An Automobile Accident

Name of operation not Date of

What test confirmed diagnosis Autopsy Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/4 1933

Where did injury occur? York Rd & Ethelbald Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Auto he was driving

Nature of injury Collided with another

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95043

E 95043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 92-001

Registered No. 8-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Christopher Av. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida L. Bachman

(a) Residence: No. 2811 Christopher Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Fred Bachman

6. DATE OF BIRTH (month, day, year) June 14th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ernst G. Jung

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Laura Jung

(Address) 309 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date Nov 8th 1933

19. UNDERTAKER Geo. Cook

(Address) ~~Lexington & Howard Sts~~

20. FILED 7-1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 6th, 1933 to Nov. 6th, 1933

I last saw her alive on Nov 5th, 1933. Death is said to have occurred on the date stated above, at 9:40 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 11-4-33

Chronic valvular lesion of the heart — To my knowledge 9.5.03

Other contributory causes of importance:

High Blood Pressure —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frances Ann Carbenke M. D.

(Address) Medical Arts Building

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—8-16-29—L. F. S.—100 Bks. E 95044

E 95044

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 N. Patterson Park ave. ST., 8-01 WARD)

2—FULL NAME Patrick Flynn

(a) RESIDENCE NO. 1237 N. Patterson Park ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Flynn

6 DATE OF BIRTH (month, day, and year): March 24. 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anne Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Sabina A. Flynn

(Address) 1237 N. Patterson Park ave

15 Filed 19 Registrar

7-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 5, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1933, to November 5, 1933, that I last saw him alive on November 4, 1933, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical tests

(Signed) Edward G. Dingman M. D.

11/16, 1933 (Address) 613 E. Fort Ave.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Nov. 8 1933

20 UNDERTAKER: Margaret J. Flynn

ADDRESS: 1432 Light

M. D. H. 1268-9

E 95045

E 95045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals Ward

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Louis Savoy

(a) Residence: No. 821 Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Savoy

6. DATE OF BIRTH (month, day, year) 10-3-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Charles Savoy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain Cemetery Date Nov 8 1933

19. UNDERTAKER Charles H Burkett

(Address) 52 S Lawrence St

20. FILED Nov 8 1933 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1933 to 11-5 1933

I last saw him alive on 11-5 1933 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of prostate	?
Other contributory causes of importance: Intestinal Obstruction	4 days

Name of operation Laparotomy Date of 11-5

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp

M. D. B. 1268-9

Schafer E 95046

E 95046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Glyndon Ave. St. 21-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Alice Schafer

(a) Residence: No. 1211 Glyndon Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Schafer

6. DATE OF BIRTH (month, day, year) Dec. 8, 1881.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Musgrove

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Henry A. Schafer

(Address) 1211 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov. 9, 1933

19. UNDERTAKER Harry T. Weitzel

(Address) 1101 W. Fayette St.

20. FILED Nov 9 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-33

22. I HEREBY CERTIFY, That I attended deceased from 11-3-33 to 11-6-33

I last saw h alive on 11-6-1933 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	11-3-33

Other contributory causes of importance:

Influenza	10 days

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Winfred Dean M. D.

(Address) 1127 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95047

CERTIFICATE OF DEATH

+ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Hennan (Herrmann)

(a) Residence: No. (Summit Ave.) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

Woodstock, Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married (Herrmann)

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Catherine Hennann

6. DATE OF BIRTH (month, day, year) July 11, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	4	25	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. Jacobs 68

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Herrmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Geo. Herrmann

(Address) Woodstock, Md.

18. BURIAL, CREMATION, OR REMOVAL Annapolis Md

Place Holy Cross Cem Date Nov. 8, 1933

19. UNDERTAKER Wm. J. Tschan & Sons

(Address) North & Pa. Ave.

20. FILED ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1933 to November 5, 1933

I last saw h[illegible] alive on November 5, 1933 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia - Lobar	10-31-33
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S. W. Magruder M. D.

(Address) St. Josephs Hospital

M. D. B. 1268-9

E 95048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No. .....

1. PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 28

Length of residence in city or town where death occurred 30 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. H. Hunt

(a) Residence: No. 2706 Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Hunt

6. DATE OF BIRTH (month, day, year) Nov 3, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	30	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation, (month and year) 1-2-33

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Morris Speddon Hunt

14. BIRTHPLACE (city or town) (State or country) Unknown Pa

15. MAIDEN NAME Catherine Kreamp

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Helen Hunt

(Address) 2706 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 10, 1933

19. UNDERTAKER Wm J. Tickner & Son

(Address) North & Penna Ave

Thurlington Williams 11-7-33

20. FILED 11-7-1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/3/33, 1933, to 11/7/33, 1933

I last saw him alive on 11/2/33, 19.... Death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus of Ascending, Transverse and Upper 1/3 of Descending Colon	11/3/33
Other contributory ~~causes~~ of importance: Cardiac Decompensation with T. Paresis & Coughing attacks	11-4-33

Name of operation (1) Appendectomy (2) Reduction of Volvulus Date of 11/3/33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George L. Wiseley M. D.

(Address) 7100 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95049

E 95049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 N. Fulton Ave. St. 5-91 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen A. Kelleher

(a) Residence: No. 1307 N. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Daniel Kelleher

6. DATE OF BIRTH (month, day, year) Feby 15. 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	8	21/20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Peter B. Trimmer

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Elizabeth Finck

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Daniel Kelleher

(Address) 1307 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 8. 1933

19. UNDERTAKER Geo W Little

(Address) 2402 Edmondson Ave

Huntingdon Maryland

20. FILED ... 19 ... Registrar.

Nov 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20th 1933 to Nov 5th 1933

I last saw h alive on Nov. 5th 1933 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Arteriosclerosis	1931
Other contributory causes of importance:	
Chr. Myocarditis	1931

Name of operation none Date of —

What test confirmed diagnosis? Clinical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James Brown M. D.

(Address) 1663 W. North Ave.

SPECIFICATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95050

95050 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

√48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Brighton St. 16-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME L. Grace Gleason,

(a) Residence: No. 3110 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Gleason,

6. DATE OF BIRTH (month, day, year) December 28. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	55	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Cramblitt.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Addie Switzer,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Charles A. McCurdy

(Address) 3110 Brighton St

18. BURIAL, CREMATION, OR REMOVAL NOV 9-1933

Place Lorraine Date ... 19

19. UNDERTAKER Robert S Settle

(Address) 2700 Edmondson Ave.

20. THIRD Huntington Williams, Inc.

NOV 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 6-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933 to Nov 6, 1933

I last saw h[illegible] alive on Nov 4, 1933 Death is said to have occurred on the date stated above, at 0354 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest A. Rahe M. D.

(Address) 3005 W North Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 95051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 431 E 20th St. (Ward) 17-01

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida K. Simpson

(a) Residence: No. 431 E 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Motley H. Simpson

6. DATE OF BIRTH (month, day, year): Jan 28 1857

7. AGE — Years: 76 | Months: 9 | Days: 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harrisonburg Va

FATHER

13. NAME: George Crosby
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Catherine Stockett
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Stockett Simpson
(Address) 431 E 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place: Harrisonburg Va Date: 11 8 1933

19. UNDERTAKER: [illegible]
(Address) [illegible]

20. FILED ... 19... Registrar.

7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1929 19... to 11-6 1933

I last saw h.. alive on 11-6-33 19... Death is said to have occurred on the date stated above, at 3 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920?
Hypertension	" ?
Myocardial Insuffk.	1932

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Bowie M. D.
(Address) 1129 St Paul St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1265a E 95052 E 95052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N Chester St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Sacha

(a) Residence: No. 510 N Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	30	11 10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galo

FATHER

13. NAME Joseph Sacha

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Josefa Lecka

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Sacha

(Address) 510 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 9, 1933

19. UNDERTAKER Frank Brockden

(Address) 1906 Eutaw Pl

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Nov. 6, 1933

I last saw her alive on Nov. 6, 1933 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/1/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent V. Sacha M. D.

(Address) 845 N. Patterson Pk

M. D. B. 1268-9

E 95053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 123

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... St. 2600 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph F. Wells

(a) Residence: No. 5500 Block Adelle Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Wells.

6. DATE OF BIRTH (month, day, year) June 14th 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Boat 32

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT Mary B. Wells

(Address) 5500 Adelle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 8 1933

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 323 S. Kings Hwy. Fairfax Alexandria, Va.

20. FILED Nov. 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1933 to Nov. 4 1933

I last saw him alive on Nov. 4 1933. Death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute diverticulitis of sigmoid	10/17/33
Gangrene of bowel	10/19/33
Myocardial failure	

Other contributory causes of importance:

Name of operation Resection of sigmoid on 10/19/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard V. Hauver M. D.

(Address) Church Home & Infirmary

OCCUPATION IS VERY important. See instructions on back of certificate. Exact statement of

E 95054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen'l Hosp. Ward 21)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Elizabeth Flynn

(a) Residence: No. 3139 Dillon St., Ward. 1st

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1871

7. AGE: 62 Years | 9 Months | 8 Days | If LESS than 1 day, hrs. or min. 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cath. Hospitals

10. Date deceased last worked at this occupation (month and year) Dec. 1925

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Mathew Flynn

14. BIRTHPLACE (city or town) Cleland (State or country)

MOTHER

15. MAIDEN NAME Mary Conroy

16. BIRTHPLACE (city or town) Cleland (State or country)

17. INFORMANT Mrs. Hopkins (sister)

(Address) 811 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL Nov. 9, 1933

Place St. Patricks Cem.

19. UNDERTAKER Fidelity Funeral Service

(Address) 3 E. Lafayette Ave. Baltimore, Md.

20. FILED Nov. 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/2/33, to Nov. 5, 1933

I last saw her alive on Nov. 5, 1933

to have occurred on the date stated above, at 8:20 a.m. death is said

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Cardiac failure

Date of onset Oct. 30 Oct. 14, 1933

Other contributory causes of importance:

Asthma

Secondary Anemia

Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. M. J. Currie, M. D.

(Address) So. Balto. Gen'l. Hosp.

(1) Fill in all items. (2) Use ink. (3) See instructions on back of certificate.

M. D. B. 1268-9

95055 ✓ E 95055

2785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 144-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pearl Crabtree

(a) Residence: No. 1225 Beechwood Rd St., ... Ward. Harford Road

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George

6. DATE OF BIRTH (month, day, year): 12-13-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Charles Morris

14. BIRTHPLACE (city or town) (State or country): N J.

MOTHER

15. MAIDEN NAME: Margt Dunbar

16. BIRTHPLACE (city or town) (State or country): Records

17. INFORMANT ..... (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 11/7/33 19

19. UNDERTAKER Selby Brothers (Address) 403 N Wolfe St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1933 to Nov 5, 1933

I last saw her alive on Nov 5, 1933 Death is said to have occurred on the date stated above, at 11.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
shock	11/5/33

Other contributory causes of importance:

Ruptured intramural fibroid of uterus	11/5/33
prolonged labor	11/5/33
post partum hemorrhage	11/5/33

Name of operation version + extraction Date of 11/5/33

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howell E Ford M. D.

(Address) 2 W St.

Instructions on back of certificate. See ... important.

Spec.—9-30—A. & Co.—250 Bks.

E 95056

E 95056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 E. Balto ST. 8-01 (WARD)

2. FULL NAME John M. Mc. Elroy

(a) RESIDENCE No. 105 E. Balto ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerita

6 DATE OF BIRTH (month, day, and year) June 1st 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John M.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Rosella Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Robert A. Mc Elroy 105 E. Balto St

15 Filed 7-1933, 19 Registrar Huntington Williams M.D. Health Commissioner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7-33

17

I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1933, to Mar. 7th, 1933

that I last saw h[illegible] alive on Mar 6th, 1933

and that death occurred, on the date stated above, at 8 45 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Truman J Geesing M. D.

Mar 7, 1933 (Address) 1900 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Mar 9 1933

20 UNDERTAKER Martin W. E. Dippel Inc — ADDRESS 37 South

Instructions: Use typewriter or write in ink. Fill in all items. See instructions on back of certificates.

M. D. B. 1268-9

E 95057

95057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 183

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Foot of Cross St. St., 24-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown Man. (C)

(a) Residence: No. Do not know. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	--------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emerald St. Md. Date Nov 7 . 19 33

19. UNDERTAKER
(Address)

20. FILED 7 1933 (Date) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found October 31 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably accidental drowning.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Reinhardt Coroner . M. D.
11/7/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 95058

95058 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Jail St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Means

(a) Residence: No. 1022 N Mount St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interment City Date Nov 7 . 19 33

19. UNDERTAKER (Address)

20. FILED Nov 10 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Nov 2 . 19 33 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Apoplexy 5 hrs

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Lemon Coroner . M. D.

(Address) 700 E Chase

M. D. B. 1268-9

E 95059

E 95059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gov. Lecomes Hosp. St., 70-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Jerome Schirm

(a) Residence: No. 2023 W. Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Schirm

6. DATE OF BIRTH (month, day, year) 1/2/60

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 036

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Schirm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jennie Wilson
(Address) 2 Roland St New York

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 9 1933

19. UNDERTAKER George L. Schwatt
(Address) 2101 Eutaw Ave.

20. FILED ..., 19... Registrar.

1 - 1933

RWH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/5, 1933, to 11/7, 1933

I last saw him alive on 11/7, 1933. Death is said to have occurred on the date stated above, at 12 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/1/33
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Aletha J. Crowther M. D.

(Address) Gov Lecomes Hosp.

OCCUPATION is very important. See instructions on back of certificate. Last statement of

E 95060

M. D. B. 1268-9

E 95060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 W Pratt St. 19-C Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M Ayd

(a) Residence: No. 1723 W Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ferdinand L Ayd

6. DATE OF BIRTH (month, day, year) Aug 18 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	88	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jno Heiss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hoffert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry E Pentenys
(Address) 2910 Holborn Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 11/8 33

19. UNDERTAKER Jos A Fahey
(Address) Lafayette & Fremont Ave

20. FILED * 1933

RRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933, to Nov 4 1933.

I last saw h.. alive on Nov 4 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Seagmiller M. D.

(Address) 1224 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 95061

95061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 E. Preston St., 1 Ward) 10-61

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn Lee Foote (Louise)

(a) Residence: No. 410 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 7 33

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 32 min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt
(State or country) Md

FATHER

13. NAME Hopkins Edward Foote

14. BIRTHPLACE (city or town) Balt
(State or country) Md

MOTHER

15. MAIDEN NAME Rose Bond Hopkins

16. BIRTHPLACE (city or town) Balt
(State or country) Md

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date Nov 8, 1933

19. UNDERTAKER Chas. H. Tranter
(Address) 1240 Eutaw St

20. 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933 to Nov 7, 1933

I last saw h... alive on Nov 7/33, 19.. Death is said to have occurred on the date stated above, at 3 AM p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia 5 days	

Other contributory causes of importance:

Exhaustion

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank T. Morgan M. D.

(Address) 11 W. Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 95062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95062

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Maine Avenue St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Anna M. Hughes

(a) Residence: No. 4104 Maine Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adrian Hughes

6. DATE OF BIRTH (month, day, year) June 2, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles County (State or country) Maryland

FATHER

13. NAME Jeremiah Burch

14. BIRTHPLACE (city or town) -------- (State or country) Maryland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) ---------- (State or country) Maryland

17. INFORMANT Mr. Adrian Hughes

(Address) 4134 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 11/8 33

19. UNDERTAKER Harry U. Weaks and Son

(Address) 508 W. Lexington St

20. Filed 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to Nov 6 1933

I last saw her alive on Nov 5th 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 years
Other contributory causes of importance:	
Myocarditis	10 months

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Emmert, M. D.

(Address) 4109 Gaither Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-8

E 95063

E 95063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St. (Ward) 15-6

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis O'Brien

(a) Residence: No. 1412 N Fulton Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenotypist Jdc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fahy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Relative
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 11/8/33 19

19. UNDERTAKER [illegible]
(Address) [illegible]

7 NOV 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1933 to November 7, 1933

I last saw him alive on November 7, 1933 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease hypertension	?
Chronic nephritis	?
Hypostatic pneumonia	3 mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. Donnell M. D.

(Address) Balt. City Hosp.

E 95064

M. D. B. 1268-9

E 95064 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 82-001

CERTIFICATE OF DEATH

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1600 London St. (St., Ward) 14-01
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sarah E. Robertson

3a) Residence: No. 1600 London St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John R. Robertson

6. DATE OF BIRTH (month, day, year): 1874

7. AGE: Years 59 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salisbury Md

MOTHER
13. NAME: Archibald Langford
14. BIRTHPLACE (city or town) (State or country): Salisbury Md

FATHER
15. MAIDEN NAME: Emily Bernough
16. BIRTHPLACE (city or town) (State or country): Salisbury Md

17. INFORMANT (Address): John R. Robertson 1600 London St

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Cem. Date: Nov 8th, 1933

19. UNDERTAKER (Address): [illegible]

20. FILED: Nov 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 7th 33

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____ to ____, 19____ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cardiac	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: (Accident, suicide, or homicide?) Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) [signature] Coroner, M. D.

(Address) ____

INSTRUCTIONS IS very important. See instructions on back of certificate.

M. D. B. 1268-2

E 95065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95065

CERTIFICATE OF DEATH

54-005

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2366 McCulloh St., 12-01 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Wittik

(a) Residence: No. 2366 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simon Wittik

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Wittik

(Address) 2320 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Nov 8, 1933

19. UNDERTAKER J Ferguson Bro

(Address) 1126 W Baltimore and Huntington Aves

20. FILED NOV 8 - 1933 $ ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933 to Nov 7, 1933

I last saw him alive on Nov 7, 1933 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor Spinal Cord	3 m
Coronary Thrombosis	10 d

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) M J Bayliss M. D.

(Address) 2040 Eutaw

M. D. B. 1268-9 E 95066

E 95066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Goldrich

(a) Residence: No. 2301 Callow Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora.

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME William Goldrich

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Barney Goldrich
(Address) 2301 Callow ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Herring Run Date Nov. 8 1933

19. UNDERTAKER for Swinson & Bro
(Address) 1127 E. Baltimore St

20. FILED Nov 10 1933 Washington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1933 to Nov. 7, 1933

I last saw him alive on Nov. 7, 1933 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Bronchopneumonia	

Other contributory causes of importance:
Benign Hypertrophy of Prostate

Name of operation Suprapubic Cystostomy Date of Oct 26, '33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

ACCURACY IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9 E 95067 E 95067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓8

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital St., 1-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Konrad W. Wisniewski

(a) Residence: No. 703 S. Linwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21, 1931

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael Wisniewski

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Theresa Bronze

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Michael Wisniewski
(Address) 703 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Nov. 8 1933

19. UNDERTAKER Wm L. Fialkowski
(Address) 2007 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 11/7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11/7 1933 to 12 N. 11/7 1933

I last saw him alive on 11/7/33 19..... Death is said to have occurred on the date stated above, at 12 N.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Daniel E. Byrd M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. Form 1268-5 E 95068

E 95068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Irving Place St. 6 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mendel Marks.

(a) Residence: No. 14 Irving Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia

6. DATE OF BIRTH (month, day, year) 1847

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or ....min.
86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Marks

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Bluma

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Irving Schlossberg
(Address) 14 Irving Place

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Blvd. Date NOV 8 1933

19. UNDERTAKER S. Levinson Bro
(Address) 1127 E Baltimore St.

FILED [illegible] 1933 Huntingdon, Williams, Clerk

V8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Abum 1915 to Oct. 30 1933

I last saw h[illegible] alive on Oct. 30 1933 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration Pulmonary tuberculosis	

Other contributory causes of importance:

Old age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1575 W Baltimore St

M. D. B. 1268-9 E 95069

278294 E 95069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1768

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christine Pawsey

(a) Residence: No. Braemar Mandeville St., ... Ward. Jamaica
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Pawsey

6. DATE OF BIRTH (month, day, year) Sept 16. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Torman Mc Ivor

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Morrison

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Robert H. Pawsey
(Address) Jamaica

18. BURIAL, CREMATION, OR REMOVAL
Place Hunstin-Jamaica Date Nov 17. 1933

19. UNDERTAKER Lloyd Mitchell & Sons
(Address) 1100 Eutaw Place

20. FILED Nov 8 1933 Huntington, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1933 to Nov 6 1933

I last saw her alive on Nov 6 1933 Death is said to have occurred on the date stated above, at 11.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Addison's Disease~~	~~1920~~
Arthritis Deformans	1931
Other contributory causes of importance:	
Post Operative Shock	11-6-33

Name of operation Manipulating of Hips Date of 11-6-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Padget M. D.

(Address) Johns Hopkins Hospital.

NOTICE—This information is very important. See instructions on back of certificate.

M. D. B 1268-9

95070 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 95070

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH Mercy Hosp

CITY OF BALTIMORE: (No. 26-01 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John McMullen

(a) Residence: No. 117 S. Clinton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmore McMullen

6. DATE OF BIRTH (month, day, year) May 22 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman for B. & O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Charles McMullen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary A. Moriarty

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 8, 1933

19. UNDERTAKER John F. Moran
(Address) 3000 E. Balto St.

20. FILED 1933 Huntington Williams Registrar.

NOV 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-19 1933 to 11-6 1933

I last saw h.. alive on 11-6 1933 Death is said to have occurred on the date stated above, at 11 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Arterial Abscess	
Perforated Ulceration	10-19-33

Other contributory causes of importance:

Name of operation Incision & drainage Date of 10-21-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) ..... M. D.

(Address) .....

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 12694 E 95071 E 95071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Holbrook St. St., 9-01 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles P McKenna

(2) Residence: No. 1429 Holbrook St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	white	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Teresa C. McKenna.

6. DATE OF BIRTH (month, day, year) Oct 25th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Felix McKenna

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Colfer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Teresa McKenna

(Address) 1429 Holbrook st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 9th 1933

19. UNDERTAKER Wm Cook

(Address) 1417 St Paul st

20. FILED Nov 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Nov 6 1933

I last saw him alive on Nov 6 1933. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Acute Myocarditis	

Other contributory causes of importance:

Congestive Cardiac Failure	2wks
Anasarca	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ernest Lewis M D

(Address) 2147 Harford Road

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95072

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere Linwood Ave St. 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H McComas

(a) Residence: No. 203 N Northern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr Decorating Co
10. Date deceased last worked at this occupation (month and year) Nov 1933
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas H McComas
14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Mary E McLaurin
16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs Lucie Crawford
(Address) 626 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov 8th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED Nov 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h alive on ....., 19.... Death is said to have occurred on the date stated above, at 3.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hyperemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C Bordenmeyer M. D.
Coroner

(Address) 320 E Fayette St

M. D. H. 1868-9 E 95073 E 95073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No. 21-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Richwood Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Gallagher

(a) Residence: No. 513 Richwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen S. Gallagher

6. DATE OF BIRTH (month, day, year) Oct 30/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	54	0	7	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Everybody's Magazine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Joseph Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Mullen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Helen S. Gallagher
(Address) 513 Richwood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov 9th 1933

19. UNDERTAKER Wm. Cook
(Address) 1212 St Paul St

20. FILED Nov 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above about 1 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
Arteriosclerosis	
"History" of Hypertension	
" " Glaucoma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner. M. D.
(Address) 506 E North Ave

M. D. B. (1268-2)

E 95074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95074

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6909 Harford Road St., 20-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily A. Whitaker

(a) Residence: No. 819 Unetta Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Feale	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar T. Whitaker

6. DATE OF BIRTH (month, day, year) Aug 15/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Jessie Armiger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Amanda Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Mrs. Edward Harrington

(Address) 819 Unetta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 9th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed Nov 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Cardiac)	Nov 6/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Eyer Coroner, M. D.

(Address) 1108 E North Ave

M. D. B. 12-33

E 35075

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35075

CERTIFICATE OF DEATH

V 53

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. Erdman

(a) Residence: No. 3402 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Iula M. Erdman

6. DATE OF BIRTH (month, day, year) May 13/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Roofing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville. Md.

FATHER

13. NAME Charles Erdman

14. BIRTHPLACE (city or town) (State or country) Centreville. Md.

MOTHER

15. MAIDEN NAME Harriett Barker

16. BIRTHPLACE (city or town) (State or country) Centreville. Md.

17. INFORMANT Iula Erdman
(Address) 3402 Old York Road

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Nov 8 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED NOV 8 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 8.00 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Tumor of Brain (Metastasis)	?

Other contributory causes of importance:

Name of operation Extirpation Date of Sept/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 506 E North Ave

M. D. B. 1268-9 E 95076 E 95076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 S. Ann St. 2-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Grau

(a) Residence: No. 211 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Adam Grau

6. DATE OF BIRTH (month, day, year) July 14.1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	63	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Schmalbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Adam Grau (Husband)
(Address) 211 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Date Nov. 8. 1933
Place

HENRY SANDER & SONS. INC.

19. UNDERTAKER
(Address) Baltimore St. & Broadway.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5. 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from April — . 1933. to Nov 5 - 33. 19

I last saw h[illegible] alive on Nov 4 — . 1933. Death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Dis - Senile	1 yr
Other contributory causes of importance: General Anasarca —	2 mos

Name of operation None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 125 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-5M E 95077 E 95077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Ensor St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth?.. yrs. ... mos. ... ds.

2. FULL NAME John Ricketts

(a) Residence: No. 928 Ensor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa V. Ricketts (nee Bieghler)

6. DATE OF BIRTH (month, day, year) April 7, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sons Papers

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Ricketts

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Doble

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Louisa V. Ricketts

(Address) 928 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Nov. 9, 1933

19. UNDERTAKER Edward H. Conklin

(Address) 1226 E. Lexington St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency (Probably myocardial)	
Other contributory causes of importance: Gal Arteriosclerosis	???

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 506 E. Monument

M. D. B. 1268-B E 95078

E 95078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No. 15-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Clements

(a) Residence: No. 1340 Calhoun St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Clement Sr

6. DATE OF BIRTH (month, day, year) Mar 31 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Ford

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Harrod

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ada Lewis
(Address) 1344 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov 9 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Greatmore St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-1-33, 19, to 11-6-33, 19

I last saw h[illegible] alive on 11-6-33, 19 Death is said to have occurred on the date stated above, at 3 13 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	10-30
Chronic Asthma	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis Warren, M. D.
(Address) University Hospital

Instructions: Items are important. See instructions on back of certificate.

M. D. B. 1208-9 E 95079

E 95079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2669 Frederick Ave St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Trogler

(a) Residence: No. 2669 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John E. Trogler

6. DATE OF BIRTH (month, day, year) Jan. 21 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Louis M. Traube

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Geo. Roos
(Address) 2669 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Nov. 7, 1933

19. UNDERTAKER F. B. Tippett & Son
(Address) 1300 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Nov 5 1933

I last saw her alive on Nov 5 1933 Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	indef

Other contributory causes of importance:

Cardiac decompensation	2 wks

Name of operation ✓ Date of ✓

What test confirmed diagnosis? cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) F. T. Tippett M. D.

(Address) 3321 Eutaw Ave

M. D. B. 7005-9 E 95080 Krueger E 95080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 154

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL — 9-01 — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., ... Ward)

Length of residence in city or town where death occurred 12 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Krueger

(a) Residence: No. 1112 Granada Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Nov 6th 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James O. Krueger

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Winifred Deale

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James O. Krueger Father
(Address) 1112 Granada

18. BURIAL, CREMATION, OR REMOVAL
Place Fair View Cemetery Date 11/9/33

19. UNDERTAKER J. B. Wappert
(Address) 1301 Eutaw Place

20. FILED Nov 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1933 to November 6, 1933
I last saw him alive on November 6, 1933 Death is said to have occurred on the date stated above, at 5:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute osteomyelitis - femur - rt.	9-29-33
2. Septicaemia - (staph aureus)	?
3. Multiple emetastatic abscess throughout body.	?
Other contributory causes of importance:	
1. Empyema - rt.	10-13-33
2. Phlegmonous peri-cardiditis	10-15-33

1. osteotomy Date of 1. 9-29-33
Name of operation 2. peri-cardiotomy 10-26-33
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

See instructions on back of certificate. Every question is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95081

CERTIFICATE OF DEATH

108 E 95081

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 E. Baltimore St., 2-6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Frisch

(a) Residence: No. 3207 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Frisch

6. DATE OF BIRTH (month, day, year) Sept. 9, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	35	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'H

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Wm. C. Frisch

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Clara M. Rumpf

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Elizabeth Frisch
(Address) 3207 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Nov. 8, 1933

19. UNDERTAKER Wm. C. Black
(Address) 927 N. Broadway

20. FILED NOV 8 - 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1933, to November 5, 1933

I last saw h. alive on November 5, 1933. Death is said to have occurred on the date stated above, at 12 a. m. noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-30-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no, If so, specify .....

(Signed) Allen C. Barham, M. D.

(Address) 3139 E. Baltimore St.

M. D. B. 1268-9

E 95082

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95082

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 McCulloh St. 14-01 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nannie Hazelton

(a) Residence: No. 1508 McCulloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widow

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Wm Stanley

6. DATE OF BIRTH (month, day, year) Jan 5 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Wm Stanley

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Nannie Griffin

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Daisy Hazelton

(Address) 1508 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/8/33 19

19. UNDERTAKER Mrs. George H. Kohler

(Address) 1631 Division St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1933 to Nov. 5, 1933

I last saw h alive on Nov. 5, 1933 Death is said to have occurred on the date stated above, at 9:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
	/

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edw J. Wheatley, M. D.

(Address) 1280 Druid Hill Ave

M. D. H.-1268-9

E 95083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95083

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 E. Hoffman St., 9-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia E. Kay

(a) Residence: No. 1018 E. Hoffman St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard I. Kay

6. DATE OF BIRTH (month, day, year) March 18/1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Hall, Md.

FATHER

13. NAME James Morris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Gosnell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard Kay
(Address) 1018 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Nov 8th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Nov 8 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Anoxlexy (2nd stroke)	Nov 6/33
Other contributory causes of importance: Cerebral Anoxlexy	7 yrs 1880

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

M. D. B. 1268-9

95084 95084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Douglas Burk

(a) Residence: No. 707 Gittings Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) Oct. 31, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel E. Burke

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Ethel B. Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Daniel E. Burke
(Address) 707 Gittings Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Md.
Place St. John Lutheran Cem. Date Nov. 11th 1933

19. UNDERTAKER Ernest W. Coughlin
(Address) 924 E. Eager St.

20. FILED Nov 8 1933 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 (8PM) 1933 to Nov 8 (12:30 AM) 1933

I last saw h... alive on Nov 8, 1933 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Langenheim M. D.

(Address) University Hosp.

NOTICE.—Instructions on back of certificate.

M. D. R. 1268-9

E 95085

95085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (Co.) Baltimore City Hospitals St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John D Alberts

(a) Residence: No. 709 N. Fulmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
√	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Earl Alberts

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Harriett ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Nov. 9 1933

19. UNDERTAKER Mrs R. A. Elliott
(Address) 1129 N. Carrollton

20. FILED [illegible] 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6 1933

22. I HEREBY CERTIFY, That I attended, deceased from Nov. 6 1933 to Nov. 6 1933

I last saw him alive on Nov. 6 1933. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial failure	1 day
Other contributory causes of importance:	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magee M. D.

(Address) Balt City Hosp.

M. D. B. 1268-9

E 95086

E 95086 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 16-21 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean Holmes.

(a) Residence: No. 1509 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15 32

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or min.
	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Henry Holmes
14. BIRTHPLACE (city or town) (State or country) md

MOTHER
15. MAIDEN NAME Mildred Wesley
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Henry Holmes
(Address) 1509 Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Nov 8, 1933

19. UNDERTAKER Mrs R. E. Elliott
(Address) ~~Hastings & Pillings Va~~

20. FILED 8-1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..
I last saw h alive on Nov 6, 1933 Death is said to have occurred on the date stated above, at 7 30 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Sepsis	

Other contributory causes of importance:

Name of operation Regular Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner M. D.
(Address) .....

E 95087

M. D. B 1268-9

95085 / 95087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 23-E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada Campbell or Newson

(a) Residence: No. 918 Leadenhall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/20/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Manley Campbell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia Newson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date 11/8 1933

19. UNDERTAKER Walter B. Scriggs
(Address) 1319 W. Hamburg St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov 5 1933.

I last saw her alive on Nov 5 1933 Death is said to have occurred on the date stated above, at 6 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia (lobar)	Oct 30

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Manuel S. Leavitt M. D.

(Address) Johns Hopkins Hosp.

M. D. H. 1268-S E 95088

E 95088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Lyndhurst St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Joseph Howard Jr

(a) Residence: No. 2601 Lyndhurst St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 27 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
		6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph H. Howard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Edna I Burgess

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph H Howard Jr

(Address) 2601 Lyndhurst

18. BURIAL, CREMATION, OR REMOVAL

Place Edgar Waldorf Date Nov 9 33

19. UNDERTAKER Francis P. Ryan

(Address) Frederick Md

20. FILED NOV 1933 .19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 .19 33

22. I HEREBY CERTIFY, That I attended deceased from .19.. to .19..

I last saw h.. alive on .19.. Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	
Accidental	
Smothering	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? .... Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Schmidt M. D.

Coroner

(Address) Catonsville

M. D. B. 1268-9

E 95089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH Franklin Sq. Hosp

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1903 Lemmon Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Barbara Hamilton (Barbara) (Lemmon Street)

(a) Residence: No. 1903 West Lemmon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Hamilton

6. DATE OF BIRTH (month, day, year) Feb. 23rd, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Boettinger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Jennie Ritter

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Arthur Hamilton
(Address) 1903 Lemmon, Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 11/10, 1933

19. UNDERTAKER Frederick A. Colton
(Address) 1200 W. Lombard St.

20. Filed ..... 19 ..... Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1933 to 11-7, 1933

I last saw her alive on 11-7, 1933 Death is said to have occurred on the date stated above, at 6 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	11-5-33
Epilepticus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel Aubrey ..... M. D.

(Address) Franklin Sq. Hosp.

Instructions on back of certificate. See instructions on back of certificate.

E 35090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 35090

Registered No. 79-001

1. PLACE OF DEATH
CITY OF BALTIMORE (No. W Balto Gen Hosp St., 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 weeks How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Price
(a) Residence: No. Easton Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or race White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) 1887
7. AGE Years 46 Months Days If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER
13. NAME Leo Tarlton
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Ella Elmes
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nora Blair
(Address) 1630 Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Easton Md Date Nov 9 33

19. UNDERTAKER F B Tippett & Son
(Address) Easton Md

20. FILED NOV 8 1933 Huntington Williams Md
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1933

22. I HEREBY CERTIFY That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumococcic Extra-Spinal Meningitis	?
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F B Tippett M. D.
(Address) Easton Md

M. D. B. 1268-9

E 95091

E 95091

HEALTH DEPARTMENT—CITY OF BALTIMORE

278376

XV 53

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James S. Perry

(a) Residence: No. 229 Mt Vernon Ave St., ... Ward. Portsmouth Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hoppe

6. DATE OF BIRTH (month, day, year) 12/31/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	58	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME William Perry

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Martha Mohr

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth Va Date Nov. 10. 1933

19. UNDERTAKER John O. Mitchell Sons

(Address) 1100 Eutaw Place

20. FILED NOV 10 1933 Registrar. Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-29 1933 to Nov. 8 1933.

I last saw him alive on Nov. 8 1933. Death is said to have occurred on the date stated above, at 5 05 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrence of Brain Tumor	
Other contributory causes of importance: Epileptiform Seizures Convulsions	

Name of operation Right Cerebral Removal of Tumor Date of 3 27 33

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 95092

35092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 29 Ward)

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Chamberlain

(a) Residence: No. Maryland Gen. Hosp. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/4/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Benjamin J. Chamberlain

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Marion Hagerman

16. BIRTHPLACE (city or town) Baltimore.
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Nov 9, 1933

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/4/33 . 19 ..... to 11/6/33 . 19 .....

I last saw h-r alive on 11/6/33 . 19 . Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
6 months -	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) L. Dave, M.D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

E 95093

95093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Newton J. Schoppes

(a) Residence: No. 112 E. Centre St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	white	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/27/81

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Minster Md.

FATHER

13. NAME Elias Schoppes.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Ellen Schultz

16. BIRTHPLACE (city or town) (State or country) Carroll Co.

17. INFORMANT Patients record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov. 9. 1933

19. UNDERTAKER John C. Miller

(Address) 1225 E. Chase St

Filed 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/1 . 1933 to 11/4 . 1933

I last saw him alive on 11/4 . 1933 Death is said to have occurred on the date stated above, at 6 1 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	6 mos

Other contributory causes of importance:

Bronchopneumonia	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Robert L. Reyer M. D.

(Address) Balto. City Hosps

M. D. B. 1268-9

E 95094

95094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N. Modena St. 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 51 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Klima

(a) Residence: No. 713 N Modena St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Housework
6. DATE OF BIRTH (month, day, year): Just Known
7. AGE: Years 68 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER
13. NAME: John Pastohry
14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER
15. MAIDEN NAME: Anna Burat
16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Mary Skanda
(Address): 713 N Modena St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Nov 9, 1933

19. UNDERTAKER: Frank Cockson
(Address): 1906 Orleans

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 to Nov 6 19 33
I last saw h[illegible] alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	4 days
Other contributory causes of importance:	
Acute Cardiac Dilatation	1 day

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury ~~occurred in industry~~, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) 1102 800 Monument

Instructions on back of certificate.

8 1933

M. D. R. 1268-0

E 95095

95095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Provident Hosp. St., 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Brooks.

(a) Residence: No. 916 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm.

6. DATE OF BIRTH (month, day, year): 1891

7. AGE — Years: 42 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard

FATHER

13. NAME: Frances Allen
14. BIRTHPLACE (city or town) (State or country): Howard

MOTHER

15. MAIDEN NAME: Minnie Gilpin
16. BIRTHPLACE (city or town) (State or country): Howard

17. INFORMANT: Mary Haskins
(Address): 510 N. Bonnet

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cemetery Date: 11/9 1933

19. UNDERTAKER: Mrs. Katie B. Williams
(Address): 320 N. Schroeder St.

8-1933 Huntington Terrace, N.S.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on Nov 19 Death is said to have occurred on the date stated above at

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sudden

Date of Onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) Coroner

M. D. R. 1268-9

E 95096

95096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 87-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 E. Randall St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvin L. Crabbin

(a) Residence: No. 32 E Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Crabbin

6. DATE OF BIRTH (month, day, year) March 16 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME William Crabbin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucie B Lunt

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary L Crabbin

(Address) 32 E Randall

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 10, 1933

19. UNDERTAKER A. Howard Evans

(Address) 32 E Fort Ave

20. FILED 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1933, to Nov 8, 1933

I last saw h[illegible] alive on Nov 8, 1933. Death is said to have occurred on the date stated above, at 5.12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	8 days

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Huntington Williams M. D.

(Address) 1279 Williams St

M. D. B. 1268-9

E 95097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95097

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4624 Gruman St., 42-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel M. Fitzgerald

(a) Residence: No. 4624 Gruman Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Fitzgerald

6. DATE OF BIRTH (month, day, year) May 26-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Thomas Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary E Grace

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Daniel Fitzgerald

(Address) 4624 Gruman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Edmondson Ave Cem Date Nov 1 1933

19. UNDERTAKER Maryland Funeral

(Address) 501 E 22nd St

Filed Nov 1 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1933 to June 6, 1933

I last saw h— alive on June 3, 1933. Death is said to have occurred on the date stated above, at 3:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ANGINA PECTORIS	2 yrs
CHR MYOCARDITIS	1 year
Other contributory causes of importance:	
ARTERIOR SCLEROSIS	1 yr

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was illness or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas C Chandler, M. D.

(Address) 502 E 22nd St

M. D. B. 1268-2

E 95098

E 95098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., W-O Ward)

Length of residence in city or town where death occurred 7 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris Harms.

(a) Residence: No. 2nd Ave Carney Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carney, Md.
(State or country)

FATHER

13. NAME Charles J. Harms.

14. BIRTHPLACE (city or town) Balto, Md.
(State or country)

MOTHER

15. MAIDEN NAME Eva Eberth

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date 11/13 1933

19. UNDERTAKER Frederick Loeffler Son
(Address) 7401 Belair Road

20. FILED 19-1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933, to Nov. 9, 1933

I last saw h.. alive on Nov. 9, 1933 Death is said to have occurred on the date stated above, at 1 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify C.

(Signed) Arthur Karlson M. D.

(Address) Mercy Hospital

E 95099

Spec—12-23-21—E.B.R.S.—400

E 95099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1409 Mc Henry St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Phillip Bolden

(a) Residence No. 1409 Mc Henry St., Ward Balto. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~single~~, Married, ~~Widowed~~ or ~~Divorced~~. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 1- 1868

7-AGE, 65 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Machine operator

(b) General nature of industry, business, or establishment in which employed (or employer)..... Drill press Mt clare Shops

(c) Name of employer..... Balto + Ohio

9-BIRTHPLACE (city or town) (State or Country). Baltimore City Md

PARENTS.

10-NAME OF FATHER. Robert Bolden Sr.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. dont Know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). md

14- (Informant) Mrs Robert P. Bolden

(Address) 1409 Mc Henry St

15- Filed ..... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 7. 33

17- I HEREBY CERTIFY, That I attended deceased from ....., 1928, to ....., 1933

that I last saw h. alive on Nov. 7., 1933

and that death occurred, on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Hypertrophy and Heart Enlarged

(Duration) 6 yrs. or more mos. ds

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) do not Know yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no,

What test confirmed diagnosis?

(Signed) Wm J. Costello M. D.

, 19 (Address) 335-E-31st St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Forest Park

DATE OF BURIAL. Nov 10., 1933

20-UNDERTAKER. A. D. Marshall

ADDRESS 3539 Fall Rd

M. D. B. 12-29 E 95100 Amelia J. Hastings E 95100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Pauls Cemetery Date ..... 9 ..... 19 .....

19. UNDERTAKER Harry N. Weitzel
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1933 to Nov 7 1933

I last saw her alive on Nov 6, 1933 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	11/5/33
Coronary Sclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Gross Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. P. Waterfill M. D.

(Address) 1803 W. North Ave.

See instructions on back of certificate. This information is very important.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95101

E 95101

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Caroline ST. 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma M Bohnlofink

(Residence in Baltimore: No. 1511 N. Caroline St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH. Aug (Month) 2 (Day), 1868 (Year)

7-AGE. 65 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Philip J. Dannenfelser

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Catherine Nulz

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Wallis

(Address) 1571 N. Caroline St.

15-

Filed ..... 191.. Registered by .....

V9-1933 Livingston Phillips Registrar.

EHS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November (Month) 7 (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20 1932, to November 1933, that I saw h[illegible] alive on November 4 1933, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R E Davis M. D.

Nov 7, 1933. (Address) 1529 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem

DATE OF BURIAL. Nov. 10, 1933

20-UNDERTAKER Chas. E. Franck

ADDRESS 887 Madison Ave

M. D. B. 1268-0 E 95102

E 95102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

8-01

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1702 N Patterson Park Ave. Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gottfredt Boebel

(a) Residence: No. 1702 N Patterson Park Ave St., ... Ward.
(Usual place of abode) 45 yrs. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Boebel

6. DATE OF BIRTH (month, day, year) Dec 24 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Embosser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Young & Selden

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Peter Boebel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madlon Idandel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Boebel
(Address) 1702 N Patt Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltoleyn Date Nov 10. 1933

19. UNDERTAKER Geo G Cook
(Address) 1723 N Patt Park Ave

20. FILED ... 19 ... Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14th 1933 to Nov. 7th 1933

I last saw him alive on Nov. 6th 1933. Death is said to have occurred on the date stated above, at 4:05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion.	
Other contributory causes of importance: Pernicious Anemia	1929

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George E Cook M. D.

(Address) 28 W 25th St.

Cor—12-9-25—1A C-3-Doctor.

E 95103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95103

CERTIFICATE OF DEATH.

82-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 110 S. Willard St St. 20-el Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Summers

(a) RESIDENCE NO. 119 S. Willard St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Summers

6 DATE OF BIRTH (month, day, and year) Feb 1 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
✓	66	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

10 NAME OF FATHER John S. Summers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) St. Michaels Md.

12 MAIDEN NAME OF MOTHER Annie M. Fields

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant Mrs. Elizabeth M Summers

(Address) 110 S. Willard St

15 Filed 11-9-1933 19 H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Asteris - Sclerosis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. Coronary Sclerosis (duration) yrs. mos. ds.

(Signed) Geo. F. Cromwell M. D. (Coroner)

11/8, 1933 (Address) 203 Patapsco Ave. Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial 11/10 1933

20 UNDERTAKER J. Fenw. McCully ADDRESS 130 E. Fort.

M. D. B. 1268-9

95104

HEALTH DEPARTMENT—CITY OF BALTIMORE

95104

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 311 Clipper Knights Ave 13-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Bailey

(a) Residence: No. 1311 Clipper Knights Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David L. Bailey.

6. DATE OF BIRTH (month, day, year) Nov 29 1868.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mary Bailey
(Address) 1311 Clipper Knights Ave

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Nov 11 1933

19. UNDERTAKER Edmondson & Hoey
(Address) 3615-17 Edmondson Ave

20. FILED Huntington Wilkes, M.D. Registrar.

NOV 9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933 to Nov 8, 1933.

I last saw h.. alive on Nov 8, 1933. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Chas. Weiss M.

(Address) 2902 Huntington Ave

Spec.—9-30—A. & Co. E 95105

E 95105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3714 Brooklyn ave St. 25-01 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hazel Evelyn Jessell

(a) RESIDENCE NO. 3714 Brooklyn ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	6 7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Charles C Jessell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruby Pierson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Chas C Jessell
(Address) 3714 Brooklyn ave

15 Filed NOV 9 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1933

17

I HEREBY CERTIFY, That I attended deceased from Nov 6 .1933. to Nov 7 .1933

that I last saw her alive on Nov 7 .1933

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

acute Otitis Media Purulent
~~Diphtheria~~ Influenzal

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gertrude Kieffer M. D.

.19 (Address) 2470 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Nov 9 1933

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St

M. D. B. 1268-9

E 95106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95106

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St. 24-01 Ward)

Length of residence in city or town where death occurred 30 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reuben T. Day

(a) Residence: No. 1151 Riverside Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillian Day

6. DATE OF BIRTH (month, day, year) Nov 15 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Ship-Building Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Odenton Md.

FATHER

13. NAME Nathaniel Day

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

MOTHER

15. MAIDEN NAME Emma Dyson

16. BIRTHPLACE (city or town) (State or country) Odenton Md

17. INFORMANT Lillian Day
(Address) 1151 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Nov 10 1933

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	
Angina Pectoris	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

E 95107 E 95107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 1/2 N Charles St. 12-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank B. Burton

(a) Residence: No. 1704 Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City

FATHER

13. NAME Frank B. Burton Sr

14. BIRTHPLACE (city or town) (State or country) Charlottesville Va

MOTHER

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frank Burton

(Address) 1704 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Nov 10 . 1933

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 14 E. Jefferson St

20. FILED Nov 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on November 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning	Instt
Other contributory causes of importance: Bronchial Pneumonia Ruptured suppurating infected wound	

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, ~~or homicide~~? Accident Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) James M Fenton Coroner . M. D.

(Address) 1002 Law

M. D. B. 1268-9

E 95108

E 95108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 16-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Leah H. Robinson

(a) Residence: No. 2013 Rayner Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-2-74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas L. Carrick

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

MOTHER

15. MAIDEN NAME Sarah Bray

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

17. INFORMANT Charles H. Robinson

(Address) 2013 Rayner ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet cemetery Date Nov 11, 1933

19. UNDERTAKER Chas. H. Clark

(Address) 142 W. Baltimore

20. FILED 19 Registrar

NOV 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-18-33, 19, to 11-8-33, 19

I last saw h.. alive on 11-8-33, 19 Death is said to have occurred on the date stated above, at 4:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	
Pyelonephritis	
Pancreatic Abscess	

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of 10-21-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Allison. M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-9

Waters

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95109 — CERTIFICATE OF DEATH — E 95109

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 11-84 93 [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Mose Waters

(a) Residence: No. 1122 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Bertha Waters

6. DATE OF BIRTH (month, day, year): March 16, 1884

7. AGE: Years 49 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Const

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Maryland (Eastern Shore)

FATHER

13. NAME: John Waters

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Charlotte ?

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Douglass Memorial Date: Nov 9th, 1933

19. UNDERTAKER: Archibald E. Laddis
(Address): 1124 McCulloh St.

[illegible] 19 ..... Registrar.

079 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Nov 7, 1933

I last saw him alive on Nov 7, 1933. Death is said to have occurred on the date stated above, at 10:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General with Arteriosclerotic Heart Disease	?
Cerebral Hemorrhage	Sept 1933
Other contributory causes of importance: Empyema (Right Thorax)	Oct. 1933
Cardiac decompensation	Nov 3, 1933
Terminal Bronchio-pneumonia	Nov 6, 1933

Name of operation: Thoracotomy Date of: 10/25/33

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) G. B. Brown M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

E 95110 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 95110

CERTIFICATE OF DEATH

√23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 Orleans St., 5-W Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wesley Funch

(a) Residence: No. 1240 Orleans St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Parker Funch

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Ruth Hamilton

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Parker Funch
(Address) 1240 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date 11/7/33

19. UNDERTAKER Edward Ryan
(Address) 1237 Edmondson Ave

20. FILED 11-8-1933 Huntington Millicent Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1933 to Nov 6 1933

I last saw him alive on Nov 10 1933. Death is said to have occurred on the date stated above, at 1.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Primary)	about Oct 25 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Geo S. Allen M. D.

(Address) 1507 Druid Park Dr

M. D. B. 1268-9

E 95111

HEALTH DEPARTMENT—CITY OF BALTIMORE

95111

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Broadnax Hosp St. 17-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased died ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas H Strong

(a) Residence: No. 401 N. Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Howard Strong

14. BIRTHPLACE (city or town) (State or country) Va.

FATHER

15. MAIDEN NAME Virginia Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Strong

(Address) 401 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-9-33

19. UNDERTAKER David Carter

(Address) 2316 Eutaw Pl

20. FILED NOV 9 - 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... January 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. C. Luck Coroner M. D.

(Address) Coroner

M. D. B. 1269-9 E 95112

HEALTH DEPARTMENT—CITY OF BALTIMORE E 95112

CERTIFICATE OF DEATH

M 210-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Bleechman

(a) Residence: No. 915 S. Charles St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mac Blechman

6. DATE OF BIRTH (month, day, year) March 10/1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Samuel G. London

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca ????

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mac Bleechman
(Address) 915 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Levering Cemetery Date Nov 9 1933

19. UNDERTAKER Sol Levinson - Bro
(Address) 1127 E Balto St

20. FILED Nov 10 1933 Huntington Williams, M.D. (Clerk)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis- Peritonitis	
Other contributory causes of importance:	
Incomplete Abortion	

Name of operation Curettment Date Oct 24

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 8/33

Where did injury occur? New York City.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury History given of injury

Nature of injury in Taxi Cab Accident

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jos. H. Kaufman M. D.
Coroner

(Address) 548 E. Fayette

M. D. B. 1668-9

E 95113

E 95113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1447 N. Parrish (15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thos F. Woods

(a) Residence: No. 1447 N. Parrish (Usual place of abode) Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) Aug 15 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thos Woods

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Chase

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nellie Woods

(Address) 1447 N. Parrish

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Nov 11, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pulaski St

20. FILED Nov 10 1933 Hunting for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
6 Months	

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

M. D. B. 1268-B E 95114 E 95114

278360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Woodson

(a) Residence: No. 809 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-30-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9 10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Randolph Day

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Amy Woodson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date NOV 7 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to Nov 7, 1933

I last saw him alive on Nov 7, 1933 Death is said to have occurred on the date stated above, at 12 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	about 7/14
Bronchial pneumonia	about 7/28

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Mayo J. Stecher M. D.

(Address) Johns Hopkins Hosp.

AACo. 5-11 250R

E 95115

95115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2714 E. MONUMENT STREET St., 7-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JANE JOSEPHINE PHILLIPS

(a) Residence: No. 2714 E. MONUMENT STREET St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles T. Phillips

6. DATE OF BIRTH (month, day, year) Dec. 12-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	70	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Andrew Jamison

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Margaret McGee

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. W. Anderson
(Address) 2409 Jefferson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 11/11/33, 19

19. UNDERTAKER George J. Weber Inc.
(Address) 1535 Harlem Ave. Balto.

Filed 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8-1933, 19

22. I HEREBY CERTIFY, That I attended deceased from August 2-1933, 19, to Nov. 7-1933, 19
I last saw h er alive on Nov. 7-1933 19 death is said to have occurred on the date stated above, at 11.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J. Rydaner M.D.

(Address) 801 N. KENWOOD AVENUE

M. D. B. 1268-0

E 95116

95116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 Mallow Hill St. 29-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine M. Rapp

(a) Residence: No. 115 Mallow Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles M. Rapp

6. DATE OF BIRTH (month, day, year) June 19-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Wolk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anstina Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas M. Rapp

(Address) 115 Mallow Hill

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/10/33 19

19. UNDERTAKER Geo. Ryan Sons

(Address) 2503 Edmondson Ave

20. FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1933 to Nov 7 1933

I last saw h[illegible] alive on Nov. 6 1933 Death is said to have occurred on the date stated above, at 11.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Central Hemmorhage	10/26/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

11/8/33 (Signed) Estelle Hemmig M. D.

(Address) 7000 Bellona Av

M. D. B. 1268-2

E 95117

95117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Abell Ave St., 12-01 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Henry Barron

(a) Residence: No. 3022 Abell ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie A. Barron

6. DATE OF BIRTH (month, day, year): Aug. 25 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 3 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Aberdeen Md.

FATHER

13. NAME: Lewis H. Barron

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Sarah Parker

16. BIRTHPLACE (city or town) (State or country): Galveston Texas

17. INFORMANT: Mrs Annie A. Barron

(Address) 3022 Abell ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 11 1933

19. UNDERTAKER: Wm H. Keruse Sons

(Address) [illegible]

9 NOV 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1933 to Nov. 9, 1933

I last saw him alive on Nov. 8, 1933 Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular disease —	Past — 10 yrs.
Myocarditis —	

Other contributory causes of importance:

Ulcers - Sclerosis —
Hypertension —

Name of operation — Date of —

What test confirmed diagnosis? Clinical data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) G. F. Pierson — M. D.

(Address) Professional Building

M. D. B. 1268-9

E 95118

95118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-06 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys Langelutting

(a) Residence: No. 3202 Liberty Heights Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sadie Fisher Langelutting

6. DATE OF BIRTH (month, day, year) Sept 18 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	60	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME August Langelutting

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Mudd.

16. BIRTHPLACE (city or town) Germany. (State or country)

17. INFORMANT M. B. Langelutting

(Address) 3202 Liberty Hgts. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 10, 33

19. UNDERTAKER Wm. J. Tickner & Son.

(Address) North & Pa Ave.

20. FILED 9 1933 Registrar. Arlington Williams Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 / 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11 / 4, 1933, to 11 / 8, 1933

last saw h. alive on 11 / 8, 1933. Death is said to have occurred on the date stated above, at 4.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatous Involvement	?
of Lung	
Other contributory causes of importance:	
Cardiac Failure	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Hospital

M. D. B. 1268-9

95119 E 95119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Varacalle

(a) Residence: No. 2533 Fleet St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 29/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md

FATHER

13. NAME Anthony Varacalle

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Helen Balcerak

16. BIRTHPLACE (city or town) (State or country) Buffington. Pa.

17. INFORMANT Anthony Varacalle
(Address) 2533 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 10, 1933

19. UNDERTAKER John M Weber
(Address) 404 S Chester St Huntingdon Pittsburgh, Pa

FILE 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, 3.15 A.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Toxemia-(Post pharangeal abcess)

Other contributory causes of importance:

Pneumonia Rt lung ??
(Obstruction & laceration of Pharynx & trachea by safety pin) ??

Name of operation Gastrostomy Date of ??

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 14/33

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Swallowed safety pin

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner. M. D.

(Address) 408 Ernest Ave

M. D. P. 1268-9

(Victoria Abremski)

E 95120

95120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours, St. 1-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Mrs Victoria Abremski

(a) Residence: No. 2209 Eastern Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Konstanty Abremski

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Dembski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr Konstanty Abremski

(Address) 2209 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date Nov 13 1933

19. UNDERTAKER John M Weber

(Address) 1401 S. Chester St

2. FILED ... 19... Registrar. Hampton Williams Reg

11-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/30 1933 to 11/8 1933

I last saw her alive on 11/8 1933 Death is said to have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Carcinoma of Stomach	
Other contributory causes of importance: Post Operative Shock	11/6/33

Name of operation Exploratory Laparotomy Date of 11/6/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Aloha H. Crawford M. D.

(Address) Bon Secours, Md.

E 95121

M. D. B. 1268-9

95121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 2-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Victor

(a) Residence: No. 1708 Thames st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jack Victor

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Holland Jackowiski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal, Md. Date Nov 7, 1933

19. UNDERTAKER .....

(Address)

20. FILED ..... 19..... Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1933 to Nov. 4, 1933

I last saw h... in alive on Nov. 4, 1933. Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1208-9

E 95122

95122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Lee Lucas Hospital St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby (Girl) Smith (Mary Liborius Smith)

(a) Residence: No. 713 Grantley St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 8, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	–	–	–	14 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Smith Henry Milton Smith

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Cora Lennox Cora Leona Lennox

16. BIRTHPLACE (city or town) Balto. Md
(State or country)

17. INFORMANT Mr. Henry Milton Smith
(Address) 713 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cem. Date Nov. 10 19 33

19. UNDERTAKER Geo. H. Cook
(Address) 1005 W. Baltimore St.

20. FILED ... Registrar.

9 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 1933 to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Maternal toxemia (Eclampsia)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Emil Novak M. D.

(Address) 76 E. Preston St

M. D. H. 1268-9

E 95123

95123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 92-001

Registered No. 95-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Annapolis Rd. & B. & O. R. R. tracks. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin P. Heath.

(a) Residence: No. Ohio Ave. Baltimore Highlands. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of Ida Heath.

6. DATE OF BIRTH (month, day, year) January 19, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	74	9	19/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 017

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

FATHER

13. NAME Oswald Heath.

14. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

MOTHER

15. MAIDEN NAME Mary Mead.

16. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

17. INFORMANT Ida Heath. (wife)
(Address) Ohio Ave. Baltimore Highlands.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 10, 1933

19. UNDERTAKER George E. Lauth
(Address) 32 [illegible]

FILED 11-10-1933 Huntington Tollivers, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart. — Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Reinhardt Coroner, M. D.

11/8/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

95124

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 95124

CERTIFICATE OF DEATH

Registered No. 210-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial St., Hos. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Schmidthaupt

(a) Residence: No. 3405 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Sept 9, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Brewers
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Schmidthaupt
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Messerschmidt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Schmidthaupt (Address) 3405 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov 11, 1933

19. UNDERTAKER [illegible]

20. FILED [illegible] 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 19, to 19
I last saw h alive on Nov, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile accident — Date of

Name of operation none What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11/8, 1933
Where did injury occur? Harford Rd & Mayfield Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place Street accident
Manner of injury Struck by auto while
Nature of injury walking across Street

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Pokorny Coroner, M. D.
(Address) 2102 E Madison St

M. D. B. 1268 E 95125 E 95125

HEALTH DEPARTMENT—CITY OF BALTIMORE

278211

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 15 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Harlan Scott

(a) Residence: No. 1320 Delaware ave St., Ward. Wilmington Del.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Deborah

6. DATE OF BIRTH (month, day, year): 8-7-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
✓	67	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Del

FATHER

13. NAME: Alfred Scott

14. BIRTHPLACE (city or town) (State or country): Del

MOTHER

15. MAIDEN NAME: Rebecca Princeton

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Wilmington Del Date Nov 11, 1933

19. UNDERTAKER: W. J. Tuchman Sons
(Address) 2 West 7th St

20. FILED Nov 13 1933

By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933 to Nov 9, 1933

I last saw h'im alive on Nov 9, 1933 Death is said to have occurred on the date stated above, at 11.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, hemolytic streptococcus	11/3/33
Other contributory causes of importance:	
Benign prostatic hypertrophy	1929
Transurethral resection, closed	10/25/33
by hemorrhage, infection & prostatic	11/1/33

Name of operation: Transurethral resection of prostate Date of: 10/25/33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-8

E 95126 ✓ E 95126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Byrd St. 24-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Insco

(a) Residence: No. 1724 Byrd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
M	W	widowed

5a. ~~If married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Carrie Insco

6. DATE OF BIRTH (month, day, year) June 6/1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 59

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Ray F. Insco (Address) 1724 Byrd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 10 1933

19. UNDERTAKER Williams & Cook (Address) 1217 W. Franklin St

20. FILED NOV 10 1933 H. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH 9m

21. DATE OF DEATH (month, day, year) Nov 8/33. 19 am

22. I HEREBY CERTIFY, That I attended deceased from May 5 1933 to Nov. 8 1933

I last saw him alive on Nov. 7 1933. Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	11/7/33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Campbell M. D.

11/9/33 (Address) 644 Hanover St

M. D. B. 126

E 95127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95127

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 Fleetwood Ave 27-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Jose Logan

(a) Residence: No. 3724 Fleetwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Annie Logan

6. DATE OF BIRTH (month, day, year): April 27th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Lieut.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. S. Navy 086

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Annie Logan 3724 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: David Ridge Date: Nov 10th 1933

19. UNDERTAKER (Address): Wm Cook 217 St Paul St

20. FILED NOV 10 1933 Wm. H. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to Nov 8 1933

I last saw him alive on Nov 7 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas — Date of onset

Other contributory causes of importance: Exhaustion & Toxemia

Name of operation: Exploratory Date of Aug 31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clara Smith M. D.

(Address) 4 W Mt Vernon Pl

H/C/B

M. D. B. 1264-A

E 95128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95128

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: No. Md Gen Hosp St., 11-01 Ward)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E Worley

(a) Residence: No. 622 N. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thurza 1865

6. DATE OF BIRTH (month, day, year) Feb 5 1865

7. AGE: Years 65 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Caller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R. 03

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Mark Ctr

FATHER

13. NAME Alex Worley

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Eva Peterson

16. BIRTHPLACE (city or town) (State or country) Peterson Va

17. INFORMANT Edw A Worley
(Address) 612 Wamsutta Ave Baltimore Co

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 11th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19 ..... I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide by Strangulation by Hanging.

Date of onset .....

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis. Was there an autopsy?

23. If death was due to External causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. O. Leach Coroner M. D.

(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95129 131 E 95129

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 613 N Carolina St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margie Earnest

(a) Residence: No. 613 N Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Earnest

6. DATE OF BIRTH (month, day, year) 8/17

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Matilda Randall

(Address) 613 N Carolina St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 11, 1933

19. UNDERTAKER John W Henderson

(Address) 802 E Monument St

20. FILED NOV 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Nov 8-33, 1933.

I last saw her alive on Nov 8, 1933. Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 8 D
Influenza	
Other contributory causes of importance:	
Interstitial Nephritis	Nov 1 1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Allen M. D.

(Address) 20 Monument St

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

95130

CERTIFICATE OF DEATH

98 E 95130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 721 W Saratoga St (Ward) 4-01

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Walker

(a) Residence: No. 721 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barnum Walker

6. DATE OF BIRTH (month, day, year) 9-1-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Savannah Georgia

MOTHER

15. MAIDEN NAME Mabel Johnson

16. BIRTHPLACE (city or town) (State or country) Savannah Georgia

17. INFORMANT Henry Bass, (Address) 721 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. Date 11/10/33

19. UNDERTAKER Chas. G. Cooper (Address) 514 E. Calhoun St.

Huntington Printing Co.

NOV 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 . 1933 to Nov 7 . 1933

I last saw h... alive on Nov 7 . 1933 Death is said to have occurred on the date stated above, at 540 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	10/2 1933

Other contributory causes of importance:

Pneumonia & fat	10/14 1933
Cause Unknown	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) Hugh Keogel M. D.

(Address) ...

M. D. P 1206 E 95131 ✓ E 95131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Fulton & Caton Ave. Ward) 10-21

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary J. Canning

(a) Residence: No. 8 N. W Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Canning

6. DATE OF BIRTH (month, day, year) Nov. 10, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Canning

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William M. Canning

(Address) Havre de Grace, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pres. Cathedral Date Nov 11, 1933

19. UNDERTAKER John F. Henry

(Address) 715 Light St

20. FILED ... 19... Registrar.

V 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1933 to 11-8 1933

I last saw him alive on Nov. 8 1933 Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

N.A If so, specify —

(Signed) John C. Dunn M. D.

(Address) St Agnes Hospital

M. D. H. 1268-B E 95132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95132

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Key Highway. St. 22-01 Ward)

Length of residence in city or town where death occurred 51 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jording.

(a) Residence: No. 219 E. Montgomery St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXX Rose Jording.

6. DATE OF BIRTH (month, day, year) September 15, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Chrales Jording.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Andre.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Charles A. Jording. (brother)
(Address) 1700 E. 33rd. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Nov 10. 1933

19. UNDERTAKER John F. Young
(Address) 215 Light St.

20. FILED ..... 19 ..... Registrar.

NOV 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Theo. M. Reinhardt Coroner, M. D.
11/8/33 (Address) 1017 E. Charles St.

M. D. B. 1208-9

E 95133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95133

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St., 13-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chester Fitchett

(a) Residence: No. 911 Brooks La St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col'd | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ivory.

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 26 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Yrs

12. BIRTHPLACE (State or country): Va

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Ella Green
(Address) 911 Brooks La

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 11/10/33 19

19. UNDERTAKER: Isaac L Burns & Co
(Address) 108 W Monument St

FILED NOV 10 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration	Onset
2nd & 3rd Degree burns.		
Cause unknown		

Other contributory causes of importance:
War Veterans Administration Hospital Department

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury House afire

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Falk Coroner . M. D.

(Address)

Spec.—9-30—A. & Co.—250 Bks.

E 95134 ✓ E 95134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 703 Y alley ST. 77-21 WARD)

2-FULL NAME Ernest Bryant

(a) RESIDENCE NO. 703 Y alley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eunice Bryant

6 DATE OF BIRTH (month, day, and year) Oct. 24 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Eunice Bryant
(Address) 703 Y alley

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 / 33.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933, to Nov. 7, 1933 that I last saw h[illegible] alive on Nov 7, 1933 and that death occurred, on the date stated above, at 9.10 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ..... Did an operation precede death? ..... Date of ..... Was there an autopsy? ..... What test confirmed diagnosis? .....

(Signed) D. H. Carmel M. D.
11/7 1933 (Address) 112 W. Hill St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt National Ct — DATE OF BURIAL 11/10/33

20 UNDERTAKER Israel Z Bowen & Son — ADDRESS 1518 Mad Ave

M. D. B. 1268-B E 95135

✓ E 95135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Railey

(a) Residence: No. 605 Macon St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 26-1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Carl Railey

14. BIRTHPLACE (city or town) Soloman's Island (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Wilson

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Carl Raily

(Address) 605 S. Macon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Nov 11, 1933

19. UNDERTAKER H. C. Miller & Son

(Address) 2534 Eutaw Pl.

20. FILED NOV 16 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1933, to Nov 8, 1933

I last saw her alive on Nov 8, 1933. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Oct 28, 1933
Pulmonary Oedema	Nov. 4, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Gustav Hughstein, M. D.

(Address) Sinai Hosp

M. D. B. 1268

E 95136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95136

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Parisi

(a) Residence: No. 4125 Fierman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Parisi

6. DATE OF BIRTH (month, day, year) Feb 24/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewage Dept-Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Anthony Parisi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Clementina Masichoni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Fannie Parisi

(Address) 4125 Fierman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 11, 1933

19. UNDERTAKER Wendell J Diffel

(Address) 1005 Eden St

20. FILED NOV 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/1/33

Other contributory causes of importance:

Chr. Myicarditis	3 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner . M. D.

(Address) 308 E Lems

M. D. B. 1268-9 E 95137

E 95137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns, Hopkins Hospital St., 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Nolan

(a) Residence: No. 1228 S. Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	7	18 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME John Nolan

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Helen Sauter

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Helen Nolan
(Address) 1228 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemt Date Nov. 11, 1933

19. UNDERTAKER George W. Zeltler
(Address) 1737 E. Eager St.

20. FILED Hunter Hill Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph Carey, M. D. Coroner

(Address) 1006 S. Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95138

CERTIFICATE OF DEATH

E 95138

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE. (No. Provident Hosp St., 4-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jackson

(a) Residence: No. 600 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) July 12 --1889

7. AGE Years 44 | Months 3 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John J Jackson

14. BIRTHPLACE (city or town) (State or country) Ford

15. MAIDEN NAME Rebecca Jackson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sanford Jackson
(Address) 516 Hanover

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 11/13/33

19. UNDERTAKER Mrs. George H. Kelly
(Address) 1631 Light St Wilkins NB

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1933

I HEREBY CERTIFY, That I attended deceased from Oct 19 1933 to Nov 10 1933

I last saw h alive on Oct 19 1933 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Mitral Stenosis	
Sudden	

Other contributory causes of importance

Name of operation Regular Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Tuck Corder M. D.
(Address)

M. B. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95139

CERTIFICATE OF DEATH

E 95139

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 141 W Preston St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice G. Murray Lindsay

(a) Residence: No. 141 W Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos H Lindsay

6. DATE OF BIRTH (month, day, year): Apr 1896

7. AGE: Years 37 | Months 6 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: Isa Murray

14. BIRTHPLACE (city or town) (State or country): Balto, Md

15. MAIDEN NAME: Elizabeth Cooke

16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT (Address): Jos H. Lindsay 141 W Preston

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date 11/12/33

19. UNDERTAKER (Address): Mrs George H. Fuller 1015 Edmondson Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 9th 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 . 19 33 . 19 Inquiry

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Contributory

Duration of onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner . M. D.

(Address)

M. D. B. 1268-A

E 95140 E 95140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2540 Fremont St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen B Wiegel

(a) Residence: No. 2540 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret M Wiegel nee

6. DATE OF BIRTH (month, day, year) Oct 14 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins College

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm H Wiegel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Zachary

16. BIRTHPLACE (city or town) (State or country) Hampden Md

17. INFORMANT Margaret M Wiegel

(Address) 2540 Fremont

18. BURIAL, CREMATION, OR REMOVAL Date 11/13/ 19

Place New Cathedral

19. UNDERTAKER H C Brauning & Co

(Address) 1136 Eutaw St

20. FILED 1933 Hunting Park Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1933 to Nov 5 1933

I last saw h alive on Nov 5 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Failure	

Other contributory causes of importance:

Carcinoma of Lungs	

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred C Jewett M. D.

(Address) 2546 Penn. ave

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

95141

CERTIFICATE OF DEATH

E 95141

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 16-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Thomas

(a) Residence: No. 1140 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martha Long
(Address) 1612 Patrick St

18. BURIAL, CREMATION, OR REMOVAL
Place Waugh Cem. Cambridge Md. Date 11/4 1933

19. UNDERTAKER Samuel J. Hemsley
(Address) 1520 W. Biddle St

20. FILED NOV 10 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? City Hospitals
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Highway

Manner of injury Fell from wagon

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-9

95142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95142

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Pebble Ct 18-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Daniels

(a) Residence: No. 817 Pebble Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color ~~or race~~	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Thos Taylor
(Address) 1276 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 10, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 2227 Schroeder St.
Huntington Williams

20. DATE RECD. NOV 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 8 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7. 1933. to Nov 8. 1933.

I last saw h~~e~~r alive on Nov 8 1933. Death is said to have occurred on the date stated above, at 3.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 6
Other contributory causes of importance:	
Chr. Arthritis - Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan J. Davidow M. D.

(Address) 3228 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95143

Registered No. 95143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos ..... ds.

2. FULL NAME Margaret Wingate

(a) Residence: No. 2533 W. Fayette St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Wingate

6. DATE OF BIRTH (month, day, year) Oct 6th 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/4/33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Colopisse

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Spurlemann

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Violet Rowles

(Address) 2529 Laurel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/11/33

19. UNDERTAKER J. B. Pritchett & Son

(Address) 511 Eutaw Place

20. FILED NOV 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1933 to Nov. 9, 1933

I last saw her alive on Nov. 9, 1933 Death is said to have occurred on the date stated above, at 4:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Other contributory causes of importance: intestinal obstruction	about

Name of operation Intestinal anastomosis Date of 11-8-33

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Rocusin M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

95144 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 95144

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2319 W Lafayette Ave St. 16-21 (Ward)

Length of residence in city or town where death occurred 66 yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm C Bentelspacher

(a) Residence: No. 2319 W Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C Bentelspacher

6. DATE OF BIRTH (month, day, year) May 8 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fixtures Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. K. 047

10. Date deceased last worked at this occupation (month and year) Sept 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo C Bentelspacher

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Woolfenden

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Anna C Bentelspacher
(Address) 2319 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Oct 31 1933
Place

19. UNDERTAKER Bertram Bros
(Address) 2220 W Baltimore St

FILED NOV 10 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th 1933 to Nov 8th 1933

I last saw him alive on Nov 8th 1933 Death is said to have occurred on the date stated above, at 8:50 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1926
Arterio sclerosis	1926
Other contributory causes of importance:	
Pneumonia	10/29/33

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas J Fleming M. D.

(Address) 6 East Biddle St

Spec.—1-30—M. & T.—250 Bks.

E 95145

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95145

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 W. Franklin St. ST. 20-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Caroline Snyder,

(a) RESIDENCE NO. 1906 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) January 13, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Godfrey Snyder,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna M. WEIGLE

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss M. B. Snyder,

(Address) 1906 W. Franklin St

Filed NOV 10 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9th 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 24th, 1933, to Nov 9th, 1933, that I last saw her alive on Nov 9th, 1933, and that death occurred, on the date stated above, at 3-25 P m.

The CAUSE OF DEATH* was as follows:

Progressive Bulbar Paralysis

(duration) yrs. 1 mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Hammer, M. D.

(Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Nov. 13, 33

20 UNDERTAKER Leo N. Sible

ADDRESS 2700 Edmondson Ave

M. D. B. 1268-9

95146

HEALTH DEPARTMENT—CITY OF BALTIMORE

95146

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 2-1-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. SARAH Agnes Adams

(a) Residence: No. 1171-W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late James B. Adams

6. DATE OF BIRTH (month, day, year) 7-9-74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Ellis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Jos. G. Adams

(Address) 1171 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Memy Co. Md. Date 11/11/1933

19. UNDERTAKER John F. Rowe & Son

(Address) 901 W. Baltimore St.

20. DATE RECEIVED NOV 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1933 to 11-9, 1933

I last saw her alive on 11-9, 1933 Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/9/33
Post Operative Shock.	
Other contributory causes of importance:	
Chronic Cholecystitis	
Chronic Myocarditis	

Name of operation Cholecystectomy Date of 11/1/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alpha F. Chandler M. D.

(Address) Bon Secours Hosp.

M. D. B 1268-9

95147

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95147

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2555 Hollins St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Catherine Lambert

(a) Residence: No. 2555 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur L Lambert

6. DATE OF BIRTH (month, day, year) July 2nd 1855

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
45	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles W. Fenton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Schulze

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Arthur L. Lambert

(Address) 2555 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/10/ 1933

19. UNDERTAKER John F Cowan & Son

(Address) 1911 Walbert St

20. FILED NOV 10 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1933 to Nov. 8 1933

I last saw her alive on Nov. 8 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Day
Other contributory causes of importance:	
Arterial Hypertension	3 Mo

Name of operation None Date of ...

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Fortney M. D.

(Address) 2300 Eutaw St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95148 — 81 VE 95148

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 Woodbrook Ave. Ward) 32-01

Length of residence in city or town where death occurred 6 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary E Donnelly

(a) Residence: No. 2527 Woodbrook Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Patrick H Donnelly

6. DATE OF BIRTH (month, day, year) March 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Patrick H Donnelly
(Address) 2527 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 11/11/ 1933

19. UNDERTAKER John J Cowan & Son
(Address) 501 Holliday St.

NOV 10 1933 ... ington Funeral ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933. to Nov 9th, 1933.
I last saw he alive on Nov 8th, 1933 Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	Nov 3

Other contributory causes of importance:

Syringomyelia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Dr Williams Thessick M. D.

(Address) 1700 Linden Ave

M. D. B. 12[illegible]

E 95149

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95149

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 W Preston St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Ellis

(a) Residence: No. 136 W Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Ellis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mary Ellis

(Address) 130 W Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-10 19 3

19. UNDERTAKER Ernest Easton

(Address) 216 N Paca

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 19 3

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Staph

Date of onset

Other contributory causes of importance:

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H A Link M. D.

(Address) [illegible] Coroner

E 95150

Spec.—8-24-14—M. & T.—42000 M.

E 95150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Chapel Gate Lane ST.; 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles St. Claiborne

(Residence in Baltimore: No. 506 Chapel Gate Lane St.; 62 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) widr

6-DATE OF BIRTH, May (Month) 9th (Day), 1871 (Year)

7-AGE, 62 yrs. 6 mos. 0 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sales manager
(b) General nature of industry, business, or establishment in which employed (or employer): 066

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Charles St. Claiborne

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Jane E. Lamon

13-BIRTHPLACE OF MOTHER (State or Country), S. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. St. Claiborne

(Address) 506 Chapel Gate Lane

15-

Filed NOV 10 1933, Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 9th (Month) (Day) 9, 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1931 to Nov 9th 1933, that I saw him alive on Nov 9th 1933, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) about 18 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry J. Hill M. D.

Nov. 9th 1933. (Address) 3101 Liberty Heights Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Pk Cemetery

DATE OF BURIAL, 11/11, 1933

20-UNDERTAKER Geo Lemtach 1225 E Lexington St

ADDRESS

M. D. B. 1269-9

E 95151

HEALTH DEPARTMENT—CITY OF BALTIMORE

95151

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Roy Molesworth

(a) Residence: No. 5325 Roosevelt Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie D.

6. DATE OF BIRTH (month, day, year) July 19 1878

7. AGE: Years 55 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James P. Molesworth

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Salina Appleby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. J. K. Merz
(Address) 3502 Howard Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Valley Date 11/13 1933

19. UNDERTAKER Merz & Son Inc
(Address) Lafayette Ave

20. FILED 11/13/33 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1933 to November 10, 1933

I last saw him alive on November 10, 1933 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer, Perforation	11/7/33
Chronic Appendicitis	

Other contributory causes of importance:

Toxaemia

Name of operation Appendectomy Date of 11/7/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John K. Ozmun M.D. M. D.

(Address) W. B. & H.

Spec.—6-9 19—H. P. Co.—1000 Bks.

E 95152

E 95152

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 107-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore. Md. REGISTERED NO.

CITY OF BALTIMORE: NO. 4018 Bonner Road ST.: 15-01 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fredricka Charlotte Eppler

(a) RESIDENCE. NO. 4018 Bonner Road ST., 16 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~husband~~ of (or) WIFE of: Jacob Henry Eppler

6 DATE OF BIRTH (month, day, and year): Jan 4 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia, Pa

PARENTS

10 NAME OF FATHER: John Henry Cortes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bremen - Germany

12 MAIDEN NAME OF MOTHER: Johanna Frerking

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bremen Germany.

14 Informant (Address): Flora Eppler. 3504 Marlman Ave.

15 Filed 19 Registrar

01933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1927, to Nov 9, 1933,

that I last saw h.. alive on Nov 9, 1933,

and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis-

(duration) 6? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Charles L. Warner, M. D.

19 (Address) 3312 Egerton Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	11/13/33
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

AACo. 5-31 250B

E 95153

95153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Penrose Ave., St. 70-91 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Wacker

(a) Residence: No. 1918 Penrose Ave. St., Ward. Balto., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE)~~ of Anna Sager

6. DATE OF BIRTH (month, day, year) 3-7-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Wacker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Wacker Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Burch
(Address) 1918 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL. Place St. John's Cemetery Date Mar 11 1933
Baltimore

19. UNDERTAKER John Burns Sons
(Address) 1700 Jefferson St

Filed ... 19 ... Registrar.

01833

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to November 9, 1933

I last saw h... alive on Nov. 9, 1933 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	
Other contributory causes of importance:	
Toxemia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benj. O. McCleary M. D.

(Address) 600 N Payson St

M. D. B. 1268-9

95154

Compare E 95154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1866 E Fairmont Ave St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Michael J Mc Hugh

(a) Residence: No. 1866 E Fairmont Ave St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~	white ~~white~~	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella T Mc Hugh

6. DATE OF BIRTH (month, day, year) Sept 21 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	1	12 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clark ~~ptl~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Mc Hugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ~~Anna~~ Knight

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ella T Mc Hugh (wife)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ~~New Cathedral~~ Date Nov 11 1933

19. UNDERTAKER Lee Zell & Sons

(Address) 1033 E Fayette St

20. FILED ... 19 ... Registrar.

11-10-33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1921 to Nov. 8, 1933

I last saw him alive on Nov. 6, 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1925

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify no

(Signed) Eugene L. Pessagno M. D.

(Address) 514 Druid Park Lane

M. D. B. 1268-9

95155

E 95155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 S Bouldin St., 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie L Jerscheid

(a) Residence: No. 402 S Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Peter Jerscheid

7. DATE OF BIRTH (month, day, year) Jan 30 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Peter Michelis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Meta Nagel.

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Marie Jerscheid

(Address) 402 S Bouldin

18. BURIAL, CREMATION, OR REMOVAL

Place Dapline Date Nov. 11, 1933

19. UNDERTAKER Riley & Zeiler Inc

Address 1113 E Fayette St

Nov 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Peterson M.D. M. D.

Coroner

(Address) 1201 N Patterson Park Ave

M. D. B. 1268-9

95156

HEALTH DEPARTMENT—CITY OF BALTIMORE

Bl. Co. E 95156

CERTIFICATE OF DEATH

26-01 \ 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Foster ave St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Christopher C Goetz

(a) Residence: No. 3701 Foster Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Goetz

6. DATE OF BIRTH (month, day, year) Aug. 3 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77 67	2 3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Anna Goetz (wife)
(Address) 3701 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 13 1933

19. UNDERTAKER Kelly & Zeiler INC
(Address) 403 Eutaw St

20. FILED NOV 10 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1929 to Nov 9 1933

I last saw him alive on Nov 9 1933 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1929
Hydrocardiosis	1929
Cerebral Hemorrhage	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Abram J Kaufman M. D.

(Address) 3507 Fait Ave

M. D. B. 1268-0

E 95157

95157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Roberts Place St., 26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Janet Market

(a) Residence: No. 3622 Roberts Place St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late George Market

6. DATE OF BIRTH (month, day, year) July 18 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Alexander Hannah

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Janet Market
(Address) 3622 Roberts Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date Nov. 12 1933

19. UNDERTAKER Tully & Tutes Inc.
(Address) 4 E. Mulberry St.
Huntington Williams, Jr.
Registrar.

07933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from October 15 1933 to November 9 1933

I last saw her alive on November 5 1933. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
duration several years	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J W Keown M. D.

(Address) 1938 Linden Ave

M. D. B. 1268-B

E 95158

95158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2804 W. Coldspring Lane

CITY OF BALTIMORE: (No. George F. Voith St. 27-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME George F. Voith

(a) Residence: No. 2804 Coldspring Lane St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz. Voith

6. DATE OF BIRTH (month, day, year) May 30 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Nov. 7, 1933

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Geo. F. Voith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME S. Dentz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eliz. Voith
(Address) 2804 Coldspring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/11, 1933

19. UNDERTAKER Thomas Lemmon
(Address) 4611 Park Heights

Filed NOV 10 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to Nov 9, 1933.
I last saw him alive on Nov 9, 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	July 1933
Other contributory causes of importance:	
Myocarditis	2 years

Name of operation None Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. Frederick Leitz M. D.

(Address) Temple Garden Apts

AACo. 5-31 250B

E 95159

95159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 Gorman Ave St., 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Lerch

(a) Residence: No. 36 Gorman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Minnie M. Lerch

6. DATE OF BIRTH (month, day, year): Jan. 16-1865

7. AGE: Years 68 | Months 10 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mount Clare Shops

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md

13. NAME: Henry Lerch

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Annie C. Offut

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: J. Leroy Lerch

(Address): 36 Gorman ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Frederick Md Date: Nov. 13, 1933

19. UNDERTAKER: George L. Schnauf

(Address): 3101 W. Fredrick Ave.

20. FILED: NOV 10 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Nov 9, 1933

I last saw him alive on Nov. 9 1933 death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 2 33
Terminal Bronchio Pneumonia	Nov 1 33

Other contributory causes of importance:

Name of operation: — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) M. J. Hanna M. D.

(Address) 1822 W Baltimore St

M. D. B. 1268-9

E 95160

95160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Convent of the Good Shepherd Registered No. 1933

CITY OF BALTIMORE: (No. Mount & Hollins St., 1900 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister Mary of the Presentation (Agnes Hoover)

(a) Residence: No. Mount & Hollins St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Francis Hoover

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Maria Howrey

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sisters of the Good Shepherd
(Address) Mount & Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 11 1933

19. UNDERTAKER John J. Fahey Son
(Address) 1318 Light St.

20. FILED ... 19... Registrar.

D 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1920 to Nov. 10th 1933

I last saw her alive on Nov. 8th 1933. Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Nov 1933
Other contributory causes of importance: Tuberculosis of Spine with Abscess	1920

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. A. Ghatard M. D.

(Address) 130 Mount St.

M. D. B. 1268-9

E 95161

95161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1357-902

1. PLACE OF DEATH West Baltimore General Hospital Registered No. 25561

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lanvale & Dulaney St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Carmelita Wagner

(a) Residence: No. 602 Savage St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5. 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lorraine Wagner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ruth Fogle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Lorraine Wagner

(Address) 602 Savage st

18. BURIAL, CREMATION, OR REMOVAL

Place Rockey Ridge Date Nov 12, 1933

19. UNDERTAKER C. C. Fiset & Son

(Address) Pennsylvania Ave

20. FILED Nov 10 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1933 to November 10, 1933

I last saw her alive on November 10, 1933 Death is said to have occurred on the date stated above, at 10:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchio pneumonia	11/8/33
Other contributory causes of importance:	
2. Spina - Bifida	5/5/33 ?
3. Hydrocephalus - right	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leon Aschman, M. D.

(Address) West Balto. Gen. Hosp.

Spec.—1-30—M. & T.—250 Bks.

E 95162

E 95162

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Carey ST. 16-01 WARD)

2-FULL NAME Emma Blackston

(a) RESIDENCE NO. 1112 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry Blackston

6 DATE OF BIRTH (month, day, and year) Oct 6th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer None

9 BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Chas Savoy

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Henry Blackston

(Address) 1112 N. Carey St.

Filed 1-9-1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8th 1933

17 I HEREBY CERTIFY, That I attended deceased from July 11th, 1933, to Nov 8th, 1933,

that I last saw her alive on Nov 6th, 1933,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation of Heart

(duration) yrs. 5 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Harry R. Brown, M. D.

1/9, 1933 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemtry

DATE OF BURIAL 1/11 1933

UNDERTAKER Mrs Chas G. Bailey

ADDRESS 1921 Jefferson St

M. D. B. 1268-9

95163 E 95163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Mayes

(a) Residence: No. 418 N. Belnont St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jas. Mayes Jr.
(Address) Church & Eutaw Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Old Field Date Nov 12 1933

19. UNDERTAKER Harry A Rodenz
(Address) Carlton & Fulton Blvd

19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 6.45 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) B F Nevarmo M. D.
Coroner

(Address) 1305 N Fulton Ave

M. D. B. 1268-9

95164 E 95164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 East Fittings St., 24th Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgianna Hammond

(a) Residence: No. 414 East Fittings St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Robert Hammond

6. DATE OF BIRTH (month, day, year) 7/18/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Hillehurst

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Atkinson

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT George Hillehurst

(Address) 414 East Fittings St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov-11, 1933

19. UNDERTAKER Margaret G. Flynn

(Address) 2107 N. Milton Ave

20. FILED Nov 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 4th 1933 to Nov 9th 1933

I last saw h. alive on Nov 7 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	11/7/33
Chronic Nephritis	
Arteriosclerosis	
Hypertension	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hamburger M. D.

(Address) 20 Cavendish

M. D. B. 1268-9

95165 E 95165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 6-61

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Henry Broening

(a) Residence: No. 821 Washington Blvd St., Balto. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Henry Broening

6. DATE OF BIRTH (month, day, year) June 14 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	53	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resident of Balto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jacob Broening

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Kyser

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pt's wife.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Nov 13, 1933

19. UNDERTAKER Margaret G. Flynn

(Address) 2107 N. Gilmor St. Baltimore Md

Huntington Williams & Co

Registrar

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-3-33 to 11-9, 1933

I last saw him alive on 11-9, 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

1-30—M. & T.—100 B—50L

95166

E 95166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 W. Monument ST. 11-01 WARD)

2-FULL NAME Otto Melamet

(a) RESIDENCE NO 225 W. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --------

6 DATE OF BIRTH (month, day, and year) Aug. 17, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Life Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer N. W. Mutual Life Ins.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER David S. Melamet

11 BIRTHPLACE OF FATHER (city or town) -------
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Wirsing

13 BIRTHPLACE OF MOTHER (city or town) Cape Town
(State or country) South Africa

14 Informant Walter Melamet
(Address) 5000 Pennington Ave.

15 Filed 01933 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9th 33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:*
Acute Left Coronary Occlusion
Attached
and Angina Pectoris
(duration) Seldom ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? Dr. .....
Was there an autopsy? yes, Hopkins Hosp.
What test confirmed diagnosis? Autopsy

(Signed) H. Leslie Corner, M. D.
Coroner
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 11/11 1933

20 UNDERTAKER Henry W. Meaton and Louden W. Calvert

ADDRESS

E 95167

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95167

CERTIFICATE OF DEATH

X 72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Custis, Bertha

(a) Residence: No. 1 Pocomoke City St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A H. Custis

6. DATE OF BIRTH (month, day, year) Feb 21st 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander Powell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Tull

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) A H Custis. Pocomoke City Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pocomoke City Md Date Nov 11th 1933

19. UNDERTAKER Wallace Ford (Address) 121 St Clair St Huntington W Va

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933 to Nov. 11, 1933

I last saw h[illegible] alive on Nov 31, 1933. Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lymphoid Leukemia	Oct 10/33
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James D. Moore, M. D.

(Address) University Hospital Baltimore Md.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95168

95168

165

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Southwestern Police St. (Ward)

2-FULL NAME Norman K Sprecher

(a) RESIDENCE NO. 1500 Block N Fayette St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie

6 DATE OF BIRTH (month, day, and year): Jan 12. 1881

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52	10	21	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town): Hurlock

(State or country): Md

10 NAME OF FATHER: Taggett K Sprecher

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Laura A Speckert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

Informant (Address): Newton A Sprecher 3101 Woodbourne Ave

Filed 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows: Suicide by Hanging

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Nov 10 1933 (Signed) Guy M. Cromwell M. D. (Coroner) (Address) 203 Potapsco Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Cemetery Hagerstown Md

Date of Burial: 11/11/1933

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

M. D. B 1268-9

95169 E 95169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3823 Eastern Ave St., No. 01 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A Olsen

(a) Residence: No. 3823 Eastern Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Olsen

6. DATE OF BIRTH (month, day, year) Dec 9 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Ferdinand Gerken Kemper

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fred Gerken Kemper
(Address) 902 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL
Place O. H. Reformed Date Nov 11 1933

19. UNDERTAKER John Ulrich
(Address) 208 Aliceanna St

FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1933 to Nov 8 1933

I last saw her alive on Nov 8 1933. Death is said to have occurred on the date stated above, at 0330 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/2/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lee Keller M. D.

(Address) 1937 Eastern Ave

M. D. B. 1268-9

E 95170

95170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Richardson

(a) Residence: No. 1710 Millman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-1-94

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wadesboro, N. C.

MOTHER FATHER

13. NAME William Richardson

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Hattie Flowers

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Records Balto City Hosp's.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wadesboro N.C. Date Nov. 12 1933

19. UNDERTAKER Mrs R. A. Elliott
(Address) ~~11 [illegible] Pittsboro N.C.~~ Wadesboro N.C.

20. FILED [illegible] 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7- 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-26- 1933 to 11-7- 1933

I last saw her alive on 11-7- 1933 Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Cardio Vascular Disease	1931
Other contributory causes of importance:	
C.N.S. Lues	1931

Name of operation Date of Yes

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Gehrmuth M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 95171

95171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Aparts, Charles & 31st St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Blanche Reindollar

(a) Residence: No. Homewood Aparts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67 66	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Jacob T. Reindollar

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Josephine Bayly

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Alice E. Reindollar
(Address) Homewood Aparts

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Nov. 11, 1933

19. UNDERTAKER Jesse A. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED Huntington Williams Registrar.

NOV 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933, to Nov. 9, 1933

I last saw h[illegible] alive on Nov. 5, 1933. Death is said to have occurred on the date stated above, at 5:57 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	

Other contributory causes of importance:

Marasmus Hypertension - Arterial Change for - Years Grey Cataract -

Name of operation ... Date of ...

What ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify No

(Signed) A. F. Johnson M. D.

(Address) Medical Arts Bldg.

M. D. B. 1268-9

E 95172

95172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 South Regester St. 2-01 Ward)

(If drath occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryanna Gaca

(a) Residence: No. 720 South Regester Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ XX WIFE of Felix Gaca

6. DATE OF BIRTH (month, day, year) About 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Felix Gaca
(Address) 720 South Regester Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date January 4 1933

19. UNDERTAKER George A Weber
(Address) 705 E Lanvale Street

20. FILED ..... 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1st. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1933 to Nov. 10 1933

I last saw h.er alive on Nov. 10 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Years
General debility	months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) ..... Baltimore, Md.

M. D. B. 1268-9

35173 E 95173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S. Calhoun St St. 14-01 Ward)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward F. Boyer

(a) Residence: No. 316 S Calhoun St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgianna Boyer

6. DATE OF BIRTH (month, day, year) Mar 1 / 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. 73

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Naomi Beall

(Address) 316 S. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Nov 13, 1933

19. UNDERTAKER Mary J. Clement & Son

(Address) 420 Washington Blvd

Washington Pl. Balto, Md

FILED NOV 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1933, to Nov. 10, 1933

I last saw him alive on Nov. 10, 1933. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (Hemiplegia)	10/13/-
Other contributory causes of importance: Terminal Bronchopneumonia	11/10/-

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Anthony V. Buckingo M. D.

(Address) 37 S. Stricker St.

M. D. B. 1268-9

95174

E 95174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. 6-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emil A.C. Volkman.

(a) Residence: No. 2308 E. Hoffman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of Bertha Volkman.

6. DATE OF BIRTH (month, day, year) November 25, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. 0 4 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

13. NAME Carl Volkman.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Frieda Volk.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Bertha Volkman. (wife)

(Address) 2308 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 11.11. 1933

19. UNDERTAKER Geare-Smith Inc

(Address) 335 [illegible] Baltimore, Md.

FILED 11.1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from .. 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull.
Occidental fall down stairway.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury 11/7/33. 19

Where did injury occur? 2308 E. Hoffman St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: At home.

Manner of injury Fall down stairway.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

11/9/33 Address) 1017 E. Charles St.

M. D. B. 1268-9

E 95175

95175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 N. Port Street St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Campitelli

(a) Residence: No. 1619 N. Port Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ciulia Campitelli

6. DATE OF BIRTH (month, day, year): March 19, 1879.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Not employed 011

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Giuseppe Campitelli

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Filomena (Unknown)

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mr. Gordon Campitelli

(Address): 1619 N. Port Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: Nov. 13, 1933

19. UNDERTAKER: [illegible]

(Address): [illegible]

[illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 10/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: Probably Lobar Pneumonia	about 4 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address) 508 E [illegible]

M. D. B. 1268-9

E 95176

95176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1631 McElderry St. 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carlin Stewart

(a) Residence: No. 1631 McElderry St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	18 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Walter Henson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Stewart

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Lem Date Nov 11/33

19. UNDERTAKER Robert J. Williams

(Address) 15 18 Mc Elderry St

20. FILED ... 19... Registrar.

11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19... Death is said I last saw h... alive on ... , 19... to have occurred on the date stated above, at 11/30 a.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia (Lobar)

Date of onset ...

Other contributory causes of Importance:

Rickets

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner . M. D.

(Address) 508 E Pratt

Spec.—2-29-28—L. F. S.—500 Bks.

E 95177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95177

72-002

CERTIFICATE OF DEATH

REGISTERED NO. 27-01

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Ridgecroft Rd STREET 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Diefenbach

(a) RESIDENCE NO. 4005 Ridgecroft Rd STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. Unknown How long in U. S., if foreign birth 42 yrs Unknown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Diefenbach

7 DATE OF BIRTH (month, day and year) Nov 15, 1890

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	11	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 027

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Freyung, Germany

10 NAME OF FATHER John Philipp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Prosser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Agnes Philipp (Sister)

(Address) Ridge Road Fullerton

Filed 11-1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-33

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 19 33, to Nov. 11, 1933, that I last saw h... alive on Nov. 10, 1933 and that death occurred, on the date stated above, at 8:45 A m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) 1 yrs. 7 mos. 18 ds.

CONTRIBUTORY (Secondary) (duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence & rays

(Signed) Wm. B. Herbert, M. D.

, 19 (Address) 2802 Hartford ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Nov 14 1933

20 UNDERTAKER Frederick Lassahn Son

ADDRESS 7401 Belair Road

M. D. B. 1268-9

E 95178

E 95178 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 92-001

Registered No. 17-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 Penna ave St., 17 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Henson

(a) Residence: No. 728 Penna ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lewis Henson

6. DATE OF BIRTH (month, day, year) Nov 25 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10 11	9 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jesse Sturdant

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Jordon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lewis Bell

(Address) 2170 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/13 19 33

19. UNDERTAKER Samuel Kennedy

(Address) 1518 Bridge

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-33. 19

22. I HEREBY CERTIFY, that I attended deceased from at various times Nov 10 1933 19 to Nov 10 1933 19

I last saw h alive on Nov 9 1933 Death is said to have occurred on the date stated above, at 12 s-a m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease — Date of onset Indefinite

Other contributory causes of importance: Indefinite

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. K. Fenech M. D.

(Address) 117 N. Saratoga St

Spec.—8-16-29—L. F. S.—100 Bks.

E 95179

E 95179

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Division ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James W Nichols

(a) RESIDENCE NO. 1621 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Priscilla Nichols

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centreville Md

10 NAME OF FATHER Perry Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Betsy Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Priscilla Nichols

(Address) 1621 Division St

Filed Huntington Williams, M.D. Registrar

11 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10-1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Nov 10, 1933, that I last saw him alive on Nov 9, 1933 and that death occurred, on the date stated above, at 3 AM m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. W. McCard, M. D.

11/11, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem.

DATE OF BURIAL 11 13 1933

ADDRESS 578

20 UNDERTAKER Samuel T Hemsley

W Biddle St

M. D. B. 1268-B

E 95180

E 95180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Barnes St. 10-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Smith Gault

(a) Residence: No. 1423 Barnes St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Gault

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME James Nickelsen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Brisco

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Gault

(Address) 1423 Barnes St

18. BURIAL, CREMATION, OR REMOVAL

Place Colum. Cem. Date 11-11½ 1933

19. UNDERTAKER Fitzpatrick Bros

(Address) 1218 Mc Elderry St

20. FILED 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 1933 to Nov 8 1933

I last saw h[illegible] alive on Nov 8 1933 Death is said to have occurred on the date stated above, at 9-50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	9/33
Lobar Pneumonia Left	10/22/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Calvin Ishe Compton M. D.

(Address) 1113 N Carlisle St.

M. D. B. 1268-9

E 95181

E 95181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 N. Washington St. 8-01 Ward)

Length of residence in city or town where death occurred 25 yrs. 2 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arland Webster Greenwalt

(a) Residence: No. 2020 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances L. Greenwalt

6. DATE OF BIRTH (month, day, year) 1886-5-14

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	.	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. United P. O. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrollton Virginia

13. NAME Frances L. Greenwalt

14. BIRTHPLACE (city or town) (State or country) Carrollton Maryland

15. MAIDEN NAME Fanna A. Bowers

16. BIRTHPLACE (city or town) (State or country) Carrollton Maryland

17. INFORMANT (Address) Mrs. Frances L. Greenwalt 2020 N Washington St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date Nov. 13, 1933

19. UNDERTAKER (Address) C. M. Metz Mansfield Ford.

FILED 11-1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933, to Nov 10, 1933.

I last saw h.... alive on Nov 10, 1933. Death is said to have occurred on the date stated above, at 1030 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Aug 33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Darnall B. Wolfe, M. D.

(Address) 1331 E. North Ave.

Spec.—9-30—A. & Co.—250 Blks

Ella D. Eggleston, E 95182

E 95182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 436 N. Lanvale St. S. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ella D. Eggleston

(a) RESIDENCE No. 436 N. Lanvale St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late John W. Eggleston.

6 DATE OF BIRTH (month, day, and year) July 25, 1858.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Peterson Dukehardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. George Eggleston (Son)
(Address) 436 N. Lanvale St.

15 Filed 11 1933, 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8, 1933

17

I HEREBY CERTIFY, That I attended deceased from Oct 28th, 1933, to Nov 8th, 1933

that I last saw her alive on Nov 7th, 1933

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) L. L. Coady. M. D.

11 P. 1933 (Address) Garfield 4 & Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 11/17, 1933

UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Eutaw St.

M. D. B 1268-9

95183

E 95183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gladys Thompson

(a) Residence: No. Westminster, St., Ward. Maryland.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1814

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. Thomson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Wade

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie Thomson

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Rose Baltimore Md Date Nov 11, 1933

19. UNDERTAKER J. Bankard & Son

(Address) Westminster Md

20. FILED 1933 Huntington Williams M.D. Registrar. P. O. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 4th, 1933, to November 11th, 1933

I last saw her alive on November 11th, 1933. Death is said to have occurred on the date stated above, at 1.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Abscess and Generalized Peritonitis	11-10-33
Other contributory causes of importance; Bilateral Salpingitis	Sept 1933

Name of operation Incision & Drainage (abdomen) Date of 11-10-33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrason L. Keown, M. D.

(Address) University Hospital Baltimore, Md.

Cor.—10-10-29—A Co.—100 Bks.

E 95184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95184

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Bon Secours Hospital (Ward) 14-01

2-FULL NAME Theresa Mulcare

(a) RESIDENCE NO. 1725 McHenry St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J.

6 DATE OF BIRTH (month, day, and year) Feb 17, 1867

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	66	8	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Wolf

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Maurice Mulcare
(Address) 1925 N McHenry

15 Filed JUL 1 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:
Myocardial Insufficiency
.....
.....
(duration) unknown yrs. mos. ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical signs

(Signed) Guy H. Cromwell M. D.
Nov 11 1933 (Address) 703 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	11/13/33
20 UNDERTAKER Geo A Tilley Fulton Ave	ADDRESS

M. D. P. 1268-9 E 95185 ✓ E 95185

277733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 124-002

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-01 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Olive Elizabeth Beer

(a) Residence: No. Jones Creek S. Dakota ave St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Beer.

6. DATE OF BIRTH (month, day, year) 7-23-1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46 45	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME P. T. Boyer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Kerr

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Indiana, Penna Date Nov 11, 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED NOV 11 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933 to Nov 11, 1933

I last saw her alive on Nov 11, 1933 Death is said to have occurred on the date stated above, at 12:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	7
	about

Other contributory causes of importance:

Operation Right Colostomy Date of 11-6-33

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address)

M. D. B. 1265-9 E 95186 ✓ E 95186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lord Baltimore Hotel St., H-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Trimmer Mc Frederick

(a) Residence: No. 102 Laurel ave. Bellevue Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 12-1889

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	44	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Wm. F. Mc Frederick

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

MOTHER

15. MAIDEN NAME Adaa Miller

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

17. INFORMANT Edna B. Mc Frederick
(Address) 102 Laurel ave Bellevue Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore, Md Date Nov 11. 1933

19. UNDERTAKER Lee E. Mitchell & Sons
(Address) 1900 Eutaw Place Baltimore Md

20. FILED ... 19... Registrar

NOV 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933 to Nov 11 1933

I last saw her alive on Nov 11, 1933 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance: None

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. L. Long M. D.

(Address) 418 Southway

Spec.—5-19-13—M. & T. Stationers.

E 95187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95187

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1021 W. Lanvale ST. 16-01 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lewis

(Residence in Baltimore: No.) 1021 W. Lanvale

St.: 48 yrs., 9 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Feb (Month) 1 (Day), 1886 (Year)

7-AGE: 47 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer): A. Sugar Ref Co

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Ezekiel Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Lewis

(Address) 1021 W Lanvale

15-

Filed ....., 191.... .....

V 12 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 9 (Day), 1933 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Nov 9 1933, that I saw h[im] alive on Nov 9 1933, and that death occurred, on the date stated above, at 145 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Vascular Renal Disease

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstruction

(Duration) yrs. mos. 4 ds.

(Signed) H E Hughes M. D.

Nov 9 1933 (Address) 1413 E. Fred Gr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W[oodlawn] DATE OF BURIAL, Nov 13 1933

20-UNDERTAKER, Wm H Enge Inc ADDRESS 638 Gilmor

Spec 1930 E 95188 Blks

✓ E 95188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001
REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 515 Millington Lane ST. 20-01 WARD)

2-FULL NAME Florence A. Anthony

(a) RESIDENCE No. 515 Millington Lane ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert L Anthony

6 DATE OF BIRTH (month, day, and year) Oct 16th 1908

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
25	0	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas A Hoffman
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore
12 MAIDEN NAME OF MOTHER Florence Engelke
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Robt L Anthony
(Address) 515 Millington Lane

15 Filed NOV 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10th 33

17
I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to Nov 10, 1933
that I last saw h[illegible] alive on Nov 9th, 1933
and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:
Endo & myocarditis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Edema Lungs
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Examination

(Signed) Joseph E Schumann M. D.
Nov 10, 1933 (Address) 320 Park Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem.	Nov 13 1933
20 UNDERTAKER	ADDRESS
Franklin W Seitz	709 W 33rd St.

M. D. H. Form E 95189 ✓ E 95189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3154 Keswick Rd Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Ann Barnes

(a) Residence: No. 3154 Keswick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72.	8.	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Operator 4th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER FATHER

13. NAME Adam Barnes

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

15. MAIDEN NAME Ann Barnes

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Ella M. Reid
(Address) 3154 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lincoln Date Nov 13 1933

19. UNDERTAKER Walter Davis Asst.
(Address) 3414 Lochearn Ave

20. FILED Nov 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. H. Lawrence M. D.
(Address) 3132 Roland Ave

M. D. B. 1268-9

E 95190

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95190

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Howard & Madison St., 28-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. James F. Federline

(a) Residence: No. 4814 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Federline

6. DATE OF BIRTH (month, day, year) Aug 26-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James F. Federline

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Muriel Foster (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md Date Nov 14 1933

19. UNDERTAKER Ford & Keiser (Address) Laurel Md

FILED Nov 13 1933 Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25-33 19 to 11-12- 1933.

I last saw him alive on 11-12- 1933. Death is said to have occurred on the date stated above, at 7.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	1933 (March)
Other contributory causes of importance: Pulmonary edema	11-11-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Md. Gen. Hospital

M. D. B. 1238-9 E 95191 ✓ E 95191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N Payson st St. 15-01 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hyman Lustbin

(a) Residence: No. 1600 N. Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ellai Lustbin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT H. L. Lustbin

(Address) 1600 N Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rozedale Date NOV 12 1933

19. UNDERTAKER Ferguson Bro

(Address) 1119 E Baltimore St

FILED NOV 12 1933 Registrar for Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1929 to Nov. 12, 1933

I last saw h.. alive on Nov. 12, 1933. Death is said to have occurred on the date stated above, at 3:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal Disease	Several years
Chronic Bronchitis	

Other contributory causes of importance:

Acute Myocardial Failure	Nov. 8, 1933

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Finkelman, M. D.

(Address) 2340 Eutaw Place

M. D. B. 1268?

E 95192 ✓ E 95192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Pollack

(a) Residence: No. 32 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecila

6. DATE OF BIRTH (month, day, year) Dec 25 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	10	15/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meats House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 4 5

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Abraham Pollack

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tillie Volk

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Pollack

(Address) 32 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Rd Date Nov. 12 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 1117 E Baltimore St

20. FILED 11-13 1933 Livingston Phillips M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-27-33, 19 to 11-10-33, 19

I last saw him alive on 11-10-33, 19 Death is said to have occurred on the date stated above, at 5:32 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic Nephritis - Hypertension
Cardiac Hypertrophy & Dilatation
Aortic Insufficiency.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. A. Wein M. D.

(Address) Sinai Hospital

M. D. B. 1268-B

E 95193 ✓ E 95193

HEALTH DEPARTMENT—CITY OF BALTIMORE

15

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 E 29th St. St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Elizabeth Bryan

(a) Residence: No. 1809 E 29th St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C Stanley Bryan

6. DATE OF BIRTH (month, day, year) Nov 9 1897

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Harry Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

15. MAIDEN NAME Anna Russell

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. C Stanley Bryan
(Address) 1809 E 29th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov. 13 1933

19. UNDERTAKER J. Heaney & Son
(Address) 32 S Broadway

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1933 to Nov 10 1933.

I last saw h.. alive on Nov 10 1933 Death is said to have occurred on the date stated above, at 10 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	5 days

Other contributory causes of importance:

Hypostatic pneumonia	1 day

Name of operation None Date of .....

What test confirmed diagnosis? Surgical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Lee Crehen M. D.

(Address) Maplewood Belair Rd

M. D. B. 1268-9 E 95194 Novs ✓ E 95194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Clinton St. 26-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Novs

(a) Residence: No. 115 N. Clinton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Novs

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edith E. Thal
(Address) 114 N. Ellington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sahwartz Date Nov 13 1933

19. UNDERTAKER John Cook
(Address) 1217 St Paul St

20. FILED Nov 14 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1933 to Nov 10 1933
I last saw her alive on Nov 9 1933 Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac disease	?
	Nov

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury 19
Where did Injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Heller M. D.
(Address) 1437 Eutaw Pl

REGISTRAR'S NOTICE OF ACTION Registrar

M. D. B. 1268-9

E 95195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

Registered No. E 95195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E Oliver St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russell D Skinner

(a) Residence: No. 1219 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): May 11 1925

7. AGE: Years 8 | Months 6 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jacob Skinner

14. BIRTHPLACE (city or town) (State or country): Tillsburg Pa

MOTHER

15. MAIDEN NAME: Florence Wilcox

16. BIRTHPLACE (city or town) (State or country): Tillsburg Pa

17. INFORMANT: Jacob Skinner
(Address) 1219 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Lowe Date 11/13 1933

19. UNDERTAKER: J. Frederick Loos & Son
(Address) 1219 E Oliver St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1933 to Nov 11 1933

I last saw him alive on Nov 7 1933. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	11/11/33
Other contributory causes of importance: Diphtheria	11/1/33 ?

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter H. Greenberg M. D.

(Address) 613 Cathedral

M. D. B. 1268-9

E 95196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95196

CERTIFICATE OF DEATH

127-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Union Memorial Hospital (Ward) Nov-61
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy E McCann

(a) Residence: No. 3104 Ellerslie Ave Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John McCann
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Daisy Dryden
16. BIRTHPLACE (city or town) (State or country) Catonsville Md.

17. INFORMANT Mary McCann
(Address) 3104 Ellerslie Ave

18. BURIAL, CREMATION, OR REMOVAL Harley Chapel M. E. Church Kent Co Md
11-13-1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Fond St

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Acute Intestinal Obstruction	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner.
(Address) 2932 Roland Ave

M. D. B 1268-9 E 95197 ✓ E 95197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. Est St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Haroklia Manis

(a) Residence: No. 312 West Lanvale St., Ward. Annapolis Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nick Manis

6. DATE OF BIRTH (month, day, year) Aug 25 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece.

FATHER

13. NAME Andrew Kedrides

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Kentros

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Nick Manis

(Address) Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date Nov 13 33

19. UNDERTAKER B E Hopkins

(Address) Annapolis Md.

FILED NOV 13 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933 to Nov. 12, 1933

I last saw h.e.r. alive on Nov. 12, 1933 Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible brain neoplasm	Days
Cerebral Coma	Hours

Other contributory causes of importance: None

Name of operation Trephining Date of Nov 12 33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr. Milford H Strecker, M. D.

(Address) Univ. Hospital.

M. D. B. 1268-E 95198 ✓ E 95198

278035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Heard

(a) Residence: No. 2602 E Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Katherine M. Heard

6. DATE OF BIRTH (month, day, year) 2/9/53

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas E Heard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Dent

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 11/14 1933

19. UNDERTAKER Pugh & Evans & Son
(Address) 118 W. Mt. Royal Ave

Filed Huntington W. Va. Nov 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933 to Nov 10, 1933

I last saw him alive on Nov 10, 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Myocardial Insufficiency Mod	1930
? Carcinoma	1933
Jaundice	1933
	00

Other contributory causes of importance:

Terminal uremia	104-38

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carmichael Kilgman M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-B

E 95199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95199

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 5-01 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Purcona

(a) Residence: No. 109 Aisquith st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Max Purcona

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 11/12 19 33

19. UNDERTAKER John J. Fahey Son

(Address) 1318 Light St

20. FILED 11-13-33 Hattie Wilkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 19 33

22. I HEREBY CERTIFY, That I attended deceased from April 17 19 33 to Nov. 10 19 33

I last saw him alive on Nov. 10 19 33 Death is said to have occurred on the date stated above, at 11.55 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. Form 9 E 95200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95200

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 8-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John William Campbell

(a) Residence: No. 1724 N. Montford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME ~~John C. Campbell~~

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Ryan

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) John C. Campbell 1724 N. Montford Ave

BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Nov 11, 1933

UNDERTAKER (Address) Leo G. Brooks 1733 N. Patterson Park Ave

FILED Nov 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.30 A. M.

The principal cause of death and related causes of importance were as follows:

Malnutrition

Date of onset

Other contributory causes of importance:

Congenital Leues (Reported by Hospital)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. Raeon Coroner, M. D.

(Address) 108 E. York St

M. D. B. 1268-9 E 95201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95201

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Woodland St., 27 Ward)

Registered No. 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert James Love

(a) Residence: No. 2911 Woodlawn Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B.

6. DATE OF BIRTH (month, day, year) May 28-81

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Francellus Love

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Rose E. Eustace

16. BIRTHPLACE (city or town) (State or country) Sayre Pa.

17. INFORMANT Anna B. Love

(Address) 2911 Woodlawn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Nov 13, 1923

19. UNDERTAKER Martin & Offel Inc

(Address) 2-3 E. Lexington St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10, 23

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Thos. H. Haussen, M. D. Coroner

(Address) 1632 Roland Ave

M. D. B. 1268-9

E 95202 ✓ E 95202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Alhambra Apts. St. 13-a/ Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Schlichter

(a) Residence: No. Alhambra Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Simon Schlichter

6. DATE OF BIRTH (month, day, year) Dec. 30, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Baumgarten

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

MOTHER

15. MAIDEN NAME Betsy Bamberger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mr. Simon Schlichter

(Address) Alhambra Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Date Nov. 13, 1933

19. UNDERTAKER David Sondheimer Son

(Address) 1902 Eutaw Place

20. FILED Nov. 14 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19th, 1931, to Nov 11th, 1933. I last saw h. alive on Nov 11th, 1933. Death is said to have occurred on the date stated above, at 12:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Rt).	Nov 10. 33

Other contributory causes of importance:

Obesity
Arterio-Sclerosis & Hypertension
Pituitary Disease (Dis Function)
Pulmonary Edema

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael D. Abrams M. D.

(Address) 2360 Eutaw Place

M. D. B. 1268-9 E 95203

E 95203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora B Simon

(a) Residence: No. Sinai Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Simon Simon

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

MOTHER

15. MAIDEN NAME Janet Rothschild

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr I. L. Simon

(Address) Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Sinai Date Nov 13 1933

19. UNDERTAKER Reid Sondheim & Son

(Address) 1262 Arlington Place

20. FILED 19 Registrar.

12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov. 11 1933

I last saw h.. alive on Nov 11 1933 Death is said to have occurred on the date stated above, at 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	11 10 33

Other contributory causes of importance:

Chr. Myocarditis	
Gen. Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 95204 ✓ E 95204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 W Lombard St. 15-61 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Crawford

(a) Residence: No. 1019 W Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A Crawford

6. DATE OF BIRTH (month, day, year) Oct 16, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlantic Ocean

FATHER

13. NAME William Walters

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Liza Jones

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Violet Dopple

(Address) 1003 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Westerly Date 11/15 1933

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W Lombard St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1933 to Nov. 11, 1933.

I last saw h.. alive on Nov. 11, 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 Days
Other contributory causes of importance:	
Chronic Int. Nephritis.	6 Mo

Name of operation None Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Thos Linton, M. D.

(Address) 888 Cathedral St

M. D. B. 1268-9. E 95205 ✓ E 95205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Peregoy

(a) Residence: No. 1317 Eutaw Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Peregoy

6. DATE OF BIRTH (month, day, year) March 20, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac Ambrose

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Molly Lyons

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cem. Date 11-15 1933

19. UNDERTAKER H. Siegel & Sons

(Address) 1200 W. Lombard St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-4 1933, to 11-10 1933

I last saw h A. alive on 11-10 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	
Chronic Myocarditis	8-7-33
Decompensation	

Other contributory causes of importance:

Acute Cardiac Dilatation	11-10-33

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

Spec.—8-16-29—L. F. S.—100 Bks.

E 95206 ✓ E 95206

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1205 N Lombard ST., 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucinda L. Carey

(a) RESIDENCE NO. 1205 N Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. 11 ds. 26 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Carey

6 DATE OF BIRTH (month, day, and year): Nov. 14, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Francis Yaeger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Lucinda Fenton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Jane F. Carey

(Address): 1205 N Lombard

Filed Nov 12 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 10 33

17 I HEREBY CERTIFY, That I attended deceased from May 20, 19 33, to Nov 10, 19 33,

that I last saw h alive on Nov 10, 19 33

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows: Organic Dis't Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Woodward, M. D.

Nov, 19 (Address) 937 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem't

DATE OF BURIAL: 11/15 1933

20 UNDERTAKER: Frederick A. Cole

ADDRESS: 1200 W Lombard St

AACo. 5M 2508

E 95207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95207

92-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N. Broadway St. 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie W. Rawlings

(a) Residence: No. 1709 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of James M. Rawlings

6. DATE OF BIRTH (month, day, year) Sept. 1. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	?	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Rudolph

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lucie Diering

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James M. Rawlings
(Address) 1709 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Ceme Date Nov. 13. 1933

19. UNDERTAKER Hughes & Mc Lee
(Address) 424 N. Broadway

20. FILED 12 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10. th. 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1933, to 11-10, 1933

I last saw her alive on 11-10 1933 Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	6/8/33
Cerebral Embolism	11/6/33
Acute Nephritis	11/6/33
Other contributory causes of importance:	
Myocardial Degeneration	11/8/33

Name of operation None Date of None

What test confirmed diagnosis? ..... Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. Alan Miller, M. D.
(Address) 1 S. 21 St. Balto

M. D. H. 1265-2

E 95208

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95208

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Lewis Iardella

(a) Residence: No. 1204 N. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Carmelita Iard[illegible]

6. DATE OF BIRTH (month, day, year) Feb 7/1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME William Iardella

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Angela Cromwell

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Angela Iardella
(Address) 1200 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Nat 11/3 Date ... 19 33

19. UNDERTAKER [illegible]
(Address) [illegible]

Registrar.

12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ... I last saw h[illegible] alive on ... . 19 ... Death is said to have occurred on the date stated above, at 2. P. M.

The principal cause of death and related causes of importance were as follows:

Malnutrition (Starvation) — Date of onset .....

Other contributory causes of importance:

Toxemia due to burns over Face & body — June 4/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accid[illegible] Date of injury Jun 4/33

Where did injury occur? 1204 N. Monford Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home. While cleaning clothes

Manner of injury With cleaning fluid.

Nature of injury Ignition from water heater

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jas. J. Oates Coroner, M. D.

(Address) 508 Elmt[illegible]

M. D. R. 1268-A E 95209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

ME 95209

210-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob M. Crow.

(a) Residence: No. 9 W. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~XXXXXXX~~ Theresa C. Crow.

6. DATE OF BIRTH (month, day, year) March 10, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Engineer, Retired. 96

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Nathanial Crow.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Joseph M. Crow. (son)

(Address) 113 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 11/13 19 33

19. UNDERTAKER John E. Brown

(Address) 1300 E. Baltimore St.

FILED 11/12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) November 9, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull. Struck and knocked down by an automobile while crossing the street.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? Mt. Royal Ave east of Charles St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Struck by an automobile

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. M. Reinhardt Coroner, M. D.

(Address) 1017 E. Charles St. 11/10/33

M. D. B. 12688 E 95210 ✓ E 95210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH Maryland General Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 11-04 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Troyer

(a) Residence: No. St., Ward. Mitchell 14
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/5/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Gen'l. Hosp. Baltimore, Md.

FATHER

13. NAME W. L. Troyer

14. BIRTHPLACE (city or town) (State or country) White Hall Md.

MOTHER

15. MAIDEN NAME Helen Nelson

16. BIRTHPLACE (city or town) (State or country) White Hall Md.

17. INFORMANT W. L. Troyer
(Address) White Hall Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Wesley Chapel Date Nov 13 1933

19. UNDERTAKER P. Hamilton Lee
(Address) White Hall Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/5/33 . 19 . to 11/12/33 . 19 .
I last saw h[illegible] alive on 11/12/33 . 19 . Death is said to have occurred on the date stated above, at 9 12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Intracranial Hemorrhage	11/6/33
2. Thymic Enlargement	11/5/33

Other contributory causes of importance:

1. Mal nutrition	11/5/33

Name of operation Date of

What test confirmed diagnosis? Clinical Lab autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) M. D.
(Address) Md. Gen. Hospital

M. D. B. 1268-9

E 95211 ✓ E 95211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Woodlea Ave 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Oliver J. Sheridan

(a) Residence: No. 3806 Woodlea Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) November 12 1933

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Philip James Sheridan

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

15. MAIDEN NAME Sylvia Virginia Peters

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

17. INFORMANT Philip J. Sheridan

(Address) 3806 Woodlea Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Taylorsville Cemetery Date Nov. 13 1933

19. UNDERTAKER C. M. Watts

(Address) Taylorsville Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1933

22. I HEREBY CERTIFY, That I attended deceased from November 12 1933 to November 12 1933

I last saw him alive on November 12 1933. Death is said to have occurred on the date stated above, at 1.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
7 months	
Other contributory causes of importance:	

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Albert Sidney ..... M. D.

(Address) 2015 Druid Park Ave

M. D. B. 1268-0

E 95212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95212

178-001

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S Collington Av St., 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lida Grace Seymour

(a) Residence: No. 10 W 20th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Seymour

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 8

12. BIRTHPLACE (city or town) (State or country) St. Michaels Md.

FATHER

13. NAME James Bryan

14. BIRTHPLACE (city or town) (State or country) St Michaels Md.

MOTHER

15. MAIDEN NAME Seymour

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Wm Walter Bryan 7313 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Cem Date Nov 13 1933

19. UNDERTAKER (Address) J. H. Manhart Funeral Home

NOV 13 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation accidental	
Illuminating Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Obs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 11/10 1933

Where did injury occur? 511 S Collington
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling Illuminating Gas

Nature of Injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) 1300 Fellows Point

M. D. B. [illegible]-9 E 95213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95213

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 W. Baltimore St., 4-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Sloman

(a) Residence: No. 616 W. Balto St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Wm F. Sloman

6. DATE OF BIRTH (month, day, year) Oct 14th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 03

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Lawrence Mass

FATHER

13. NAME Frank M. Labar

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie V. Rainbar

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm F. Sloman

(Address) 616 W. Balto St.

18. BURIAL ~~Cremation~~ REMOVAL

Place Staten Island N. Y. Date Nov 13 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ..... 19..... ..... Registrar.

NOV 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to Nov 10 1933

I last saw h... alive on Nov 10 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance:	
Hemorrhage	None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mary Sloman M. D.

(Address) 753 W Fayette St

E 95214

AACo. 5-31 2508

E 95214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Druid Hill Ave St., 14 Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Johnson

(a) Residence: No. 1900 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

MOTHER FATHER

13. NAME Samson Johnson
14. BIRTHPLACE (city or town)
(State or country) Va.
15. MAIDEN NAME Thelma Flowers
16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Samson Johnson
(Address) 1900 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 11/13 1933

19. UNDERTAKER Lindsay & Goodwin
(Address) 2101 Mt Auburn St.

20. FILED NOV 13 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Nov. 10, 1933
I last saw h[illegible] alive on Nov 10 1933 death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 8 33
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Maria Williams M. D.
(Address) 1830 Madison Ave

M. D. B 12640 E 95215

E 95215

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 133

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Bartlett Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 47 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie L. Reese

(a) Residence: No. 714 Bartlett Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Reese

6. DATE OF BIRTH (month, day, year) June 28, 1886

7. AGE: Years 47 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME F. J. Voegdes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Wiber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. J. Reese

(Address) 714 Bartlett Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive, Woodlawn Date Nov. 13 1933

19. UNDERTAKER Wm. H. McKewen Sons

(Address) Pratt & Paca

NOV 13 1933 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 10 1933 to Nov 9 1933

I last saw h.. alive on Nov 9, 1933 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyo nephritis	
Amyloid degeneration	
Other contributory causes of importance:	
Kidney	

Name of operation Incision drainage Date of 1-24 33

What test confirmed diagnosis? Wound Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. J. Voegdes M. D.

(Address) 110 E Northern Ave

M. D. B. 1249 E 95216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95216

82-001

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (Or) Union Memorial Hospital (No. 1325 St.) (Ward) 15

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Fahnemann

(a) Residence: No. 1420 Mill Race Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Henry Fahnemann

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE: Years 67; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth M. Heinz

(Address) 5506 Wayne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov. 13 19 33

19. UNDERTAKER Wm. McCue Sons

(Address) North Ave.

FILED NOV 13 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Specify) .....

(Signed) John Hommer M. D.
Coroner

(Address) 1672 Roland Ave

M. D. B. 1261-3 E 95217 E 95217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Jerome L. Lovekamp (Jerome L.)
(a) Residence: No. 1204 Johns St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) Aug. 7, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Station Master
10. Date deceased last worked this occupation (month, year) 1900
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Pesoyper
(State or country) Maryland

FATHER
13. NAME John Lovekamp
14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER
15. MAIDEN NAME Virginia Bruce
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jessups Md. Date Nov 13, 33

19. UNDERTAKER Wm. J. Tickner & Co.
(Address) North & Pa Ave.

20. FILED NOV 13 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933 to Nov. 11, 1933
I last saw h. alive on Nov. 11, 1933. Death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C. V. Disease	
with Hypertension	2 years?
Chronic Arteriolar Nephritis	1 year?

Other contributory causes of importance:

Name of operation Clinical, Laboratory, autopsy Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Burns, M. D.
(Address) Mercy Hospital

Spec.—1-12-23—M&T—500 Blks.

E 95218

E 95218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 625 W. Hamburg

CITY OF BALTIMORE: (No.) (St. 21-01 Ward)

2-FULL NAME Mary Morge

(a) RESIDENCE NO. 625 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick J. Morge

6b DATE OF BIRTH (month, day, and year) Oct. 7, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Edith Bollman

(Address) 625 W. Hamburg St.

Filed NOV 13 1933 Hunting for Interested Parties

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1933

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to Nov. 12, 1933, that I last saw her alive on Nov. 11, 1933, and that death occurred, on the date stated above, at 1:15 a. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) myocarditis endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? physical findings

(Signed) A. E. Sobland, M. D.

Nov. 12, 1933 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

20 UNDERTAKER Wm Cook

DATE OF BURIAL 11/15 1933

ADDRESS 1219 Ford

M. D. B. 1263-9

E 95219

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95219

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 791 Hanover St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Sullivan

(a) Residence: No. 791 Hanover St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sploner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Forrest Sullivan

(Address) 791 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-13 1933

19. UNDERTAKER Daniel Eastern

(Address) 216 Pa ave

20. FILED NOV 13 1933 Huntington Lippincott, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to Nov 9, 1933. I last saw her alive on Nov 8, 1933. Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Nov 3 1933
Senile	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Allen M. D.

(Address) 5 E Lanvale

E 95220

M. D. B. 1266-9

E 95220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 Smithson St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victoria Nickum

(a) Residence: No. 1217 Smithson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm Nickum

6. DATE OF BIRTH (month, day, year) Dec 12-1898

7. AGE Years 35 Months 6 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Julius or Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Victoria Dixon

(Address) 1213 Smithson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carlan Cem Date 11-13, 1933

19. UNDERTAKER David Carlson

(Address) 216 Penna Ave

FILED 13 1933, 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Sudden

(Date of onset) 5 ..... Hours 8

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H Smith M. D.
Coroner

(Address) .....

M. D. B. 1268-A E 95221 1533 N Stricker 26 95221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 N Stricker St. 14-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Page

(a) Residence: No. 533 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Page.

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years 63 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

13. NAME OF FATHER Jos Coure.

14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

15. MAIDEN NAME OF MOTHER Mary Clark

16. BIRTHPLACE (city or town) (State or country) Howard Co Md.

17. INFORMANT Christine Hutzat

(Address) 533 N Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Nov 13. 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED NOV 13 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis 3 months — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

M. D. B. 1268-9

E 95222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95222

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Woodyear St. 15-81 Ward)

Length of residence in city or town where death occurred ..... yrs. 60 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sylvester Hall

(a) Residence: No. 1332 Woodyear St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Phillip Hall

14. BIRTHPLACE (city or town) (State or country) Cayville, Tunaramuck Maryland

15. MAIDEN NAME Roberta Hughes

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Phillip Hall
(Address) 1332 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov 13. 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Riverside Ave

20. FILED ..... 19..... by ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10. 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-9-. 1933 to 11-10. 1933
I last saw him alive on 11-10. 1933 Death is said to have occurred on the date stated above, at 1120 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 bronchopneumonia	11-9-33

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Physical Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) John E. L. Camper M. D.
(Address) 1119 N. Carrollton Ave

M. D. B. 12650 E 95223 E 95223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 97-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Springfield Ave St. 97-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard A. Horgan

(a) Residence: No. 621 Springfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Corrigan Horgan

6. DATE OF BIRTH (month, day, year) Feb. 6, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Hotel

10. Date deceased last worked at this occupation (month and year) Sept. 19, 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Dennis Horgan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Helen Lynch

(Address) 621 Springfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Date Nov 13 1933

19. UNDERTAKER Edward W. Coughlin

(Address) 924 E. Eager St.

20. FILED Nov 13 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to Nov. 11, 1933

I last saw him alive on Nov. 10, 1933. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: Pulmonary Hypostatic Congestion	
Uremia	
Secondary anemia	

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Frontera M. D.

(Address) 1123 N. Eutaw

M. D. F. 1268

E 95224

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95224

CERTIFICATE OF DEATH

167-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 W. Fayette St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard H. Watkins

(a) Residence: No. 6 E. Reed St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Watkins

6. DATE OF BIRTH (month, day, year) March 12, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warehouse do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Watkins

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Elizabeth Morris

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs. F. Leandolet

(Address) 4435 - 4th St. Irvington Md

18. BURIAL, CREMATION, OR REMOVAL

Place Owings Mills Date 11/13/33

19. UNDERTAKER Wm. H. Groh & Son

(Address) 1218 W. Baltimore St.

20. FILED 11/13/1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1933, to Nov 12, 1933

I last saw h.. alive on Nov. 12, 1933 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Nov 3, 1933

Chronic asthma

Other contributory causes of importance:

Cardiac failure

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frances Owen M. D.

(Address) Tuberculosis Hospital

88-29 M. H. B. 1268-2 E 95225 E 95225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Carter

(a) Residence: No. 1914 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia

6. DATE OF BIRTH (month, day, year) Jan. 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine Walker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11/14 1933

19. UNDERTAKER Samuel J. Hemsley
(Address) 528 N. Broadway

20. FILED 11/9/1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933 to Nov. 11, 1933

I last saw him alive on Nov. 11, 1933 Death is said to have occurred on the date stated above, at 3.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Peritonitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—9-30—A. & Co.—250 Blks.

E 95226

E 95226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 730 St Johns Road St 27-21 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James William Strobel

(a) RESIDENCE NO. 730 St. Johns Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca Lee Braun Strobel

6 DATE OF BIRTH (month, day, and year) July 20 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mutuographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward Strobel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elenora Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Rebecca Lee Strobel
(Address) 730 St Johns Road

15 Filed NOV 13 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12. 1933

17 I HEREBY CERTIFY, That I attended deceased from 2/26/ 1926 to Nov 12 1933

that I last saw him alive on Nov. 12 1933

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis -

(duration) 1 yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Chas. R. Goodwin M. D.

, 19 (Address) 2925 St Paul St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cem Balto Md DATE OF BURIAL Nov 14 1933

20 UNDERTAKER John A. Little & Sons ADDRESS 190 Eutaw Place

M. D. B. 1268-9 E 95227 E 95227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 W. Saratoga St. St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard S. Green

(a) Residence: No. 1307 W. Saratoga St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Henderson

6. DATE OF BIRTH (month, day, year) Dec 13 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. John Green

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schauffeur

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Francis A? Howard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Annie M. Green
(Address) 1307 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemy Date Nov. 14. 1933

19. UNDERTAKER Chas O Mitchell & Sons
(Address) 1900 Eutaw Place.

19 ... Registrar.

NOV 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 33

22. I HEREBY CERTIFY, That I attended deceased from 9/16 33 to Nov. 11 33

I last saw h... alive on 11/11 1933 Death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	3 yrs
Complicated with Uremia	
Endocarditis	

Other contributory causes of importance:

Endocarditis	2 yrs

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. T. Green, M. D.

(Address) 522 N. Arlington Ave.

M. D. B. 1288-9 E 95228

E 95228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Cecil Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Benjaman Hollis

(a) Residence: No. 1922 Cecil Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Virginia Hollis

6. DATE OF BIRTH (month, day, year) Feb. 12, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year) Sept 1927

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) Harford Co (State or country) Md.

FATHER

13. NAME James Wm Hollis

14. BIRTHPLACE (city or town) Harford Co (State or country) Md.

MOTHER

15. MAIDEN NAME Emma E Wells

16. BIRTHPLACE (city or town) Harford Co (State or country) Md.

17. INFORMANT Mrs Cora M Frasier

(Address) 922 Cecil Ave City

18. BURIAL, CREMATION, OR REMOVAL Harford Co Md.

Place Baker's Cem Date Nov. 14 1933

19. UNDERTAKER R. Madison Mitchell

(Address) Havre de Grace, Md.

20. FILED ... 19... Registrar.

NOV 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1933 to Nov 11 1933

I last saw him alive on Nov. 11 1933 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Hemorrhage	11/7/33
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Tom Hyde, M. D.

(Address) 1100 E North Ave.

M. D. B 12-39 E 95229 / E 95229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Newington Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Nelson Stevens

(a) Residence: No. 918 Newington Ave. St., Ward.
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Roach Stevens

6. DATE OF BIRTH (month, day, year) March 24. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME James W. Stevens

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Rebecca Jones

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT James W. Stevens

(Address) 402 Rosebank Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. Nov. 14. 1933

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1933 to Nov 11 1933.

I last saw him alive on Nov 11 1933. Death is said to have occurred on the date stated above, at 10.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis, arteriosclerosis, myocarditis, decompensation of heart - acute dilitation.	1921
Other contributory causes of importance: Terminal pneumonia - 2 days.	Nov 9 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D. McCarty M. D.

(Address) 67 W. Preston St.

M. D. H. 126 E 95230

E 95230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Grace Ball

(a) Residence: No. 233 N. Fremont ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23 1903

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29 30	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W. Opr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Owen Ball.

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Isabella Williams.

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Sister & hospital record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 13, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Nov 13 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1933, to 11/10, 1933

I last saw h.. alive on 11/10, 1933 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix.	
Other contributory causes of importance:	
Pneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. R. Bourne M. D.

(Address) Balto City Hospitals

M. D. P. 12-3-9

E 95231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95231

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-21 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Johnson

(a) Residence: No. 915 W. Mulberry st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Johnson

6. DATE OF BIRTH (month, day, year) July 4, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Samuel Johnson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mandy Combs

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Nov. 13, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lexington St.

Katie R. Williams

20. FILED NOV 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1933 to Nov. 9, 1933

I last saw him alive on Nov. 9, 1933 Death is said to have occurred on the date stated above at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	11mos
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1265-9 E 95232 E 95232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 W. 27th St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Long

(a) Residence: No. 122 W. 27th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Long

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Long

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Boland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. K. Sullivan
(Address) 122 W. 27th Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peter's, Date Nov. 14 1933
Rita Wiedefeld

19. UNDERTAKER Rita Wiederfeld
(Address) 214 Greenmount Ave

20. FILED 11/13/33 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1933, to 11/11, 1933

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Hypostatic Pneumonia	7 Days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Dr Bernard Wolfe, M. D.

11/13/33 (Address) 1216 E. Calvert St.

M. D. B. E268-6 E 95233

E 95233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Old Frederick Rd. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Sewell Rink

(a) Residence: No. 3504 Old Frederick Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda M. Rink (nee Schmel)

6. DATE OF BIRTH (month, day, year) Feb. 14, 1896.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip C. Rink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hilda M. Rink

(Address) 3504 Old Frederick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 11/13/ 19 33

19. UNDERTAKER Harry N. Nuttle

(Address) Huntington Williams, Inc.

20. FILED 11 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1933 to Nov. 9 1933

I last saw him alive on Nov. 5 1933 Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic Interstitial	March
Hypertension	1933
Myocarditis Chronic	

Other contributory causes of importance:

Coronary Embolism Sudden

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 2432 Frederick Ave

M. D. B. 12[illegible] E 95234 E 95234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James C. Buchanan

(a) Residence: No. 33 East Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Buchanan

6. DATE OF BIRTH (month, day, year) July 12 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas and Electric Co.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 1929

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME William Buchanan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rees

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Mary C. Buchanan
(Address) 33 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Nov. 14 1933

19. UNDERTAKER George F. Schnaud
(Address) 7-11 E. Fredrick St. Huntingdon Pennsylvania

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933 to Nov 11, 1933

I last saw him alive on 11/11/1933. Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Cerebrum c Cerebrosis of liver Nephritis	?

Other contributory causes of importance:

Pneumonia Lobular	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) [illegible] M. D.

(Address) University Hosp.

M. D. H. 1268-9

E 95235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95235

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. ½ ds. How long in U. S. If of foreign birth? 56 yrs. 7 mos. 10 ds.

2. FULL NAME Carolyn Porter Houck

(a) Residence: No. (Towson Md.) St., — Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dr. Geo. E. Houck

6. DATE OF BIRTH (month, day, year) April-2-1877

7. AGE Years 56 Months 7 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Mercer Houck

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Abigail Rushell

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Dr. Geo E Houck (husband)

(Address) Joppa Rd. Towson.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 14, 1933

19. UNDERTAKER Howard Mowen Co.

(Address) 1814 Harford Ave

20. FILED NOV 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy 19 to 19

I last saw h alive on injury & autopsy 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage into Brain Stem — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 11, 1933

Where did injury occur? Charles & 34th St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking

Nature of injury across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2000 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95236

CERTIFICATE OF DEATH

V 108 E 95236

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Declared dead at

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J.Edward Deal Sr.

(a) Residence: No. ~~3935 Lowndes Ave.~~ 619 Bartlett Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma V.Deal

6. DATE OF BIRTH (month, day, year) Sept. 16, 1859.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or #####
74	I	24 25	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT J.Edward Deal Jr.

(Address) 3935 Lowndes Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Nov. 13, 1933

19. UNDERTAKER Geary Funeral Home

(Address) 1300 Washington Blvd.

FILED NOV 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on about 9 19 P.M. Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Probably Myocardial Insufficiency	
Other contributory causes of importance:	
Possible Lobar Pneumonia	???

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Cain Coroner . M. D.

(Address) 508 E Monument

M. D. B. 1268-B

E 95237

HEALTH DEPARTMENT—CITY OF BALTIMORE

95237

CERTIFICATE OF DEATH

35 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St., 501 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Mary Jeppi

(a) Residence: No. 419 N. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dominick L. Jeppi

6. DATE OF BIRTH (month, day, year) Apr. 5, 1903

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or X min.
30	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Vincent Pupa

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Jeppi

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Dominick Jeppi

(Address) 419 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/14/33, 19...

19. UNDERTAKER Geo. Roth & Son

(Address) 1132 Hollins St

20. FILED ... 19... by ... Registrar

11-13-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Nov. 11, 1933

I last saw her alive on Nov. 11, 1933 Death is said to have occurred on the date stated above, at 7:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubo-ovarian abscess - type	Oct '33
Peritonitis	"
Pulmonary Infarcts	1 day

Other contributory causes of importance:

Name of operation Left salpingo-oophorectomy Date of 11-6-33

What test confirmed diagnosis? op. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Dwer Moore M. D.

(Address) Franklin Sq - Hosp.

M. D. R. 5268 E 95238

E 95238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Allendale St. 16-01 Ward)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Moylan

(a) Residence: No. 616 Allendale St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Patrick Moylan

6. DATE OF BIRTH (month, day, year) May 27-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	5	14/15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James L Keaney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret E Conroy

16. BIRTHPLACE (city or town) (State or country) Ireland,

17. INFORMANT Mr. Joseph A. Moylan

(Address) 616 Allendale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/14/1933

19. UNDERTAKER John J Cannon & Son

(Address) 1911 Eutaw St

20. FILED Huntington Pittman NOV 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/1933

22. I HEREBY CERTIFY, That I attended deceased from 11/11 1933 to 11/11 1933

I last saw her alive on 11/11 1933 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Acute cardiac failure	
with edema of lungs	11/11
Other contributory causes of importance:	—

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Pittman M. D.

(Address) 40 E Lexington St

M. D. B. 1268-9 E 95239 E 95239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Lemmon St. 18-01 Ward)

Length of residence in city or town where death occurred 46 yrs. 22 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Loker

(a) Residence: No. 927 Lemmon St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J Loker

6. DATE OF BIRTH (month, day, year) Oct 20th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46		21/22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Higgins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Gertrude Mangan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Edward J Loker

(Address) 927 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/14/1933

19. UNDERTAKER John J Cowan & Son

(Address) 501 Baltimore St

20. FILED ... 19... Registrar.

NOV 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1933 to Nov. 11 1933

I last saw h.w alive on Nov. 11. 1933. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 hrs
Other contributory causes of importance: Chronic Int. Nephritis	6 mo.

Name of operation None Date of

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Horney, M. D.

(Address) 888 N. Lombard St.

M. D. B. 1268-9. E-95240 E 95240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 702 N. Hilton St. 16-01 Ward)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F. McGee

(a) Residence: No. 702 N. Hilton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Thomas B McGee

6. DATE OF BIRTH (month, day, year) Dec 5th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Patrick Pollard
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Crowley
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary Hopkins
(Address) 913 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/14/ 1933

19. UNDERTAKER John J. Cowan & Son
(Address) 901 W. Baltimore St.

20. FILED 11/13/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 24 1933 to Nov 11, 1933
I last saw her alive on Nov 10 1933 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/6/33
Other contributory causes of importance: Arteria Sclerosis	1931

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M A Neill M. D.
(Address) 108 N. Fulton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95241 E 95241

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 St. Martins Road St. 12-21 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Kendall Westcott

(a) Residence: No. 205 St. Martins Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Westcott

6. DATE OF BIRTH (month, day, year) Dec 26 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. invalid 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Henry S? Kendall

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Penelope Shield

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Arthur M. Hayes

(Address) 111 Turnbridge Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 13 33 19

19. UNDERTAKER P. O. Mitchell & Sons.

(Address) 1900 Eutaw Place

[illegible] 13 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 1927, 19..., to 11-10, 1933

I last saw h[illegible] alive on 11-10, 1933 Death is said to have occurred on the date stated above, at 7.20 P. m.

The principal cause of death and related causes of importance were as follows:

Erythremia (Polycythemia Vera) — Date of onset 1923

Other contributory causes of importance:

Rt. Pneumothorax

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Dorsey, M. D.

(Address) 1129 St. Paul St.

M. D. B. 1268-9 E 95242 ✓ E 95242

27697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lettie Allen

(a) Residence: No. 1813 Linwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/25/84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	11	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Allen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 11/14/1933

19. UNDERTAKER Wm. Geo. Fe Hollis Funeral Home
(Address) Huntington, West Virginia

20. FILED NOV 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933 to Nov 11, 1933

I last saw her alive on Nov 11, 1933 Death is said to have occurred on the date stated above, at 10:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Syphilis	?
(b) Syphilitic Heart Disease	?
(c) Aortic Insufficiency	?
(d) Myocardial Failure	? May '33.

Other contributory causes of importance: Bronchopneumonia — 11/9/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry D. Stebbins, M. D.

(Address) Johns Hopkins Hospital

A&Co. 5-31 25M

E 95243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95243

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Sharp st St., 23-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Amelia Clemons

(a) Residence: No. 1009 Sharp st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Clemons

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	about 55	yrs past		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Spencer Boldin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gladys Taylor

(Address) 1009 Sharp st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Jim Cem Date Nov 13, 1933

19. UNDERTAKER Wales & Riggs

(Address) 1322 Hanover st

FILED NOV 13 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933 to Nov 9, 1933

I last saw her alive on Nov 7, 1933 death is said to have occurred on the date stated above, at 3 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct. 13, 33

Other contributory causes of importance:

Carcinoma of Breast	Dec. 1932

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John D. Jones M. D.

(Address) 615 S. Paca st

M. D. B. 1289 E 95244 ✓ E 95244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (Dist.) Baltimore City Hosp St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Cordrey

(a) Residence: No. 419 Druid Hill Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19 - ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 ?	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 881

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Cordrey.

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Anna Jenifer

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lawn Cem Date Nov 13 1933

19. UNDERTAKER Walter J. Hoops
(Address) 159 W Hamburg St

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933 to November 10, 1933

I last saw her alive on November 1933 Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Summer ?
Arteriosclerosis, Senile	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Magruder M. D.

(Address) Balt City Hosp

M. D. B. 2684

Theresa Siegfarth ✓ E 95245

E 95245

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Not) Baltimore City Hosp. St., 9-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Siegfarth

(a) Residence: No. 1306 E. Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles Siegfarth

6. DATE OF BIRTH (month, day, year) Oct. 28 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Charles Zentgraf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Theresa ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friend

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemy Date Nov. 15 1933

19. UNDERTAKER Henry Hoeck Sons Inc.

(Address) 1301 Eastern Ave

NOV 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Nov 11, 1933

I last saw h alive on Nov 11, 1933 Death is said to have occurred on the date stated above, at 7 A P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right	2 wks
Heart disease, arteriosclerotic	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Mozell M. D.

(Address) Baltimore City Hosp

M. D. H. 1268-1 E 95246 ✓ E 95246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 171

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Dollack

(a) Residence: No. 2310 E. Hoffman St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Dollack

6. DATE OF BIRTH (month, day, year) May 27.1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Joseha Hoemius

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Conrad J. Dollack (Address) 2310 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov. 14, 1933

19. UNDERTAKER Henry Heath & Son, Inc (Address) 301 E. Eager St. Baltimore, Md.

FILED NOV 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above at 5½ P.M.

The principal cause of death and related causes of importance were as follows:

Shock- Burns over face & body

Date of onset

Other contributory causes of importance:

"Information of melancholy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably Suicide Date of injury Nov 11/33

Where did injury occur? in bath room of home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Clothing ignited by match

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Case M. D.

Coroner

(Address) 708 E. Fayette

M. D. B. 1008-9 E 95247 ✓ E 95247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.
CITY OF BALTIMORE: (No. BALTIMORE MD. St., 9-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mr Giles J O'Brien
(a) Residence: No. 1214 - East Preston st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane O'Brien -

6. DATE OF BIRTH (month, day, year) July 7th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
57	57	4	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME Giles J O'Brien
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Emma Sanders
16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Mrs. Jennie O'Brien
(Address) 1214 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cal Cathedral Date 11/15 ... 1933

19. UNDERTAKER Margaret G Flynn
(Address) 1402 Eutaw St.

20. FILED ... 19... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11- ... 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-7 1933 ... 19... to Nov-11- ... 1933
I last saw him alive on Nov-11 ... 1933 Death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Empyema of Gall Bladder. -	Nov-3 1933

Other contributory causes of importance: Uremic Non Valvular Heart disease

Name of operation None Date of
What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. B. Boyle - M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

E 95248

95248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Millington Lane St., 20-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence A. Hoffman

(a) Residence: No. 515 Millington Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles N. Hoffman

6. DATE OF BIRTH (month, day, year) July 6 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation 59

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John B Ingalls

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Catherine Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles N. Hoffman

(Address) 515 Millington Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11-14-33

19. UNDERTAKER Franklin H Leatherbury

(Address) 709 W 33 St

Huntington Williams Funeral Dir.

31933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11th 1933 to Nov 13 1933

I last saw h[er] alive on Nov 12 1933 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Nov 11

Other contributory causes of importance:

Arterio Sclerosis, Myocarditis	

Name of operation none Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jos. H. Erickson M. D.

(Address) 3201 Garrison Blvd

M. D. B. 1268-9

E 95249

95249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 N. Kenwood ave. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otto Luckan

(a) Residence: No. 201 N. Kenwood ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Luckan

6. DATE OF BIRTH (month, day, year) Feb 12/1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Richard Luckan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Luckan

(Address) 201 N. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem Date Nov 13 1933

19. UNDERTAKER Philip Stewig Sons

(Address) 2016 Fallsway

23 NOV 3 1933 Registrar.

R. P. 13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933 to Nov 9, 1933

I last saw h... alive on Nov 9, 1933 Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Hypostatic pneumonia	4 days
Senile arteriosclerosis	
Acute cardiac dilatation	1 day

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ... 11 W. 39th Street

M. D. B. 1268-9

✓ E 95250

HEALTH DEPARTMENT—CITY OF BALTIMORE

95250

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Eisenhart

(a) Residence: No. 1224 Rankin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 9 1933

7. AGE	Years	Months	If LESS than 1 day	hrs. or min.
	0	0		17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...0...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City Hospital
(State or country) Baltimore Md.

FATHER

13. NAME Wm Eisenhart

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Agnes Cassidy

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mother Agnes Eisenhardt
(Address) 1224 Rankin Place

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 12 1933

19. UNDERTAKER J Vernon Kreppner
(Address) 1632 Hanover St

Nov 13 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11-1933

22. I HEREBY CERTIFY, That I attended deceased from 4 am 11-11-1933 to 4 PM 11-11-1933

I last saw him alive on 11-11-33 19 ... Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Prematurae birth (6 mos. premature infant) — Date of onset

Other contributory causes of importance: Bronchopneumonia — 12 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Luther C. Peter M.D.

(Address) Balto City Hospitals
919 Park Ave

M. D. B. 1268-9

✓ E 95251

95251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 S. Port St.) (Ward) 1-24

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas M Trautfelter

(a) Residence: No. 712 S. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Mary Trautfelter

6. DATE OF BIRTH (month, day, year) August 16, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Trautfelter

14. BIRTHPLACE (city or town) (State or country) Timbertown

MOTHER

15. MAIDEN NAME Margaret Limback

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Marie Gortz
(Address) 712 S. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 14, 1933

19. UNDERTAKER John A. Tracey
(Address) 3000 E. Balto St.

FILED 31 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Nov 10, 1933

I last saw h.im alive on Nov 1, 1933. Death is said to have occurred on the date stated above, at 4-58 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Arterio Sclerosis	?
Chr Nephritis	?
Other contributory causes of importance: Uraemia	3 days

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

11/10/33 (Address) 3000 E. Balto St.

M. D. B. 1268-9

95252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95252

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Eastern Ave St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Kramer

(a) Residence: No. 2210 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophia Kramer

6. DATE OF BIRTH (month, day, year) Aug 3 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Amanda Kinsey

(Address) 2210 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Nov. 14, 1933

19. UNDERTAKER Lyddy & Zeiler Inc

(Address) No 38 W Lexington St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1-00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

M. D. B. 1268-9

E 95253

HEALTH DEPARTMENT—CITY OF BALTIMORE

95253

CERTIFICATE OF DEATH

178-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 E Baltimore St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathew Conner

(a) Residence: No. 511 E Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Catherine
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Conner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Koehler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Estelle Connor Wife
(Address) 419 S Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 14 — 1933

19. UNDERTAKER Kelly & Zeiler Inc.
Address 1393 Lee Wood St.

FILED Nov 13 1933, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation accidental	
Illuminating Gas	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

95254

E 95254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Southern Ave St. 27-W Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Harrer

(a) Residence: No. 3203 Southern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Harrer

6. DATE OF BIRTH (month, day, year): Jan 2, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City

10. Date deceased last worked at this occupation (month and year): 1920

11. Total time (years) spent in this occupation: 35 years

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Gottfried Harrer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George Harrer

(Address) 3203 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date Nov. 15, 1933

19. UNDERTAKER: Henry Sander & Sons Inc. Geo. F. Sander

(Address) Baltimore St. & Broadway. Huntington Williams, W. Va.

NOV 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1933, to Nov 12, 1933

I last saw h[illegible] alive on Nov 12, 1933. Death is said to have occurred on the date stated above, at 6:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma-uremia	Nov. 9
Chronic Nephritis	

Other contributory causes of importance:

Cerebral Hemorrhage	Nov. 9

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2942 [illegible]

M. D. B 1268-9

95255 E 95255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 carswell st. St., 9-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Barbara Scheurich

(a) Residence: No. 1714 Carswell St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Scheurich

6. DATE OF BIRTH (month, day, year) Sep't 1, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Schuerich
(Address) 1714 Carswell St.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross (Brooklyn) Date 11/14/33 19

19. UNDERTAKER Leonard Murphy
(Address) 5305 Harford Rd
Huntington Williams Co.

3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Nov 10 1933
I last saw h... alive on Nov 16 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (General + Cerebral)	
Other contributory causes of importance: Myocardial Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....

(Signed) Chas. Schmuck M. D.

(Address) 4706 Harford Road

M. D. B. 1265-9

95256 ✓ E 95256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 E. 25th St. St., 12-01 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ? yrs. ..... mos. ..... ds.

2. FULL NAME Mary J. McGrain,

(a) Residence: No. 435 E. 25th St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thos. J. McGrain

6. DATE OF BIRTH (month, day, year) June 16, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	4 mos	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John * Tanyane

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Larkins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos. McGrain, Sr.
(Address) 435 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery - Nov. 14 1933

19. UNDERTAKER C. Vernon Lemmon.
(Address) [illegible]

Nov 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 11 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1930 to Nov 11 1933

I last saw her alive on Nov. 10 1933. Death is said to have occurred on the date stated above, at 2.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 10. 1930
Other contributory causes of importance: Arteriosclerosis	

Name of operation Clinical Examination Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Geo. M. Stille M. D.

(Address) 2435 Maryland Ave

Cor.—10-10-29—A Co.—100 Bks.

E 95257 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 95257

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Agnes Hospital St., 70-01 Ward)

2-FULL NAME Augusta Bowie

(a) RESIDENCE NO. 3129 Strickland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James L

6 DATE OF BIRTH (month, day, and year) July 17, 1903

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	30	3	23 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Joseph Hyatt

11 BIRTHPLACE OF FATHER (city or town) W. Va.
(State or country)

12 MAIDEN NAME OF MOTHER Nettie Kilbaugh

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Eileen L Bowie
(Address) 3129 Strickland St

15 Filed ..., 19... Hunter [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 6 d.

CONTRIBUTORY (Secondary) Gut Disease

(duration) yrs. mos. d.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? [illegible]

(Signed) Guy H. [illegible] M. D.

Nov. 11 1933 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cella Cem. Edmondson Co.

DATE OF BURIAL Nov 14 19...

20 UNDERTAKER Easton Sons

ADDRESS Edmondson

AaCo. 5-31 250B

E 95258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95258

CERTIFICATE OF DEATH

93-023

1. PLACE OF DEATH Jenkins Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Avenue St. 10-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Goodwright - Mrs. Julia A.

(a) Residence: No. 1211 Asquith Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Goodwright

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	..			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Patrick Corcoran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Montague

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hospital
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral (Cem.) Date Nov. 14 1933

19. UNDERTAKER Mary M. Wedefeeck
(Address) 1622 E. Fayette St.

20. FILED NOV 13 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to November 11 1933

I last saw h.. alive on Nov. 11, 1933 death is said to have occurred on the date stated above, at 5.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis +	1
Hypertension	2

Other contributory causes of importance:

Nephritis	
Cardiac Decompensation	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John A. Dearden M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

95239 E 95259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward) 191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Josephine Elizabeth Bluford

(a) Residence: No. 841 Pontiac Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Alvin Bluford

6. DATE OF BIRTH (month, day, year) May 24, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.

10. Date deceased last worked at this occupation (month, day, year) May, 1933.

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Frederick County, Md.

FATHER

13. NAME George Wolfe

14. BIRTHPLACE (city or town) (State or country) Frederick County, Md.

MOTHER

15. MAIDEN NAME Cordelia Roberts

16. BIRTHPLACE (city or town) (State or country) Montgomery County, Md.

17. INFORMANT James A. Bluford

(Address) 841 Pontiac Ave, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lewistown Date 11/16 19 33

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams

1 31933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1933, to November 13, 1933

I last saw her alive on November 13, 1933. Death is said to have occurred on the date stated above, at 12-13 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	April, 1931
Chronic myocarditis with decompensation	May, 1933
Other contributory causes of importance: Pulmonary Odema	Nov. 12, 1933

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify. ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1268-9

95260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95260

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 867 W Fayette St. 18-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Baby Girl) Riley

(a) Residence: No. 867 W Fayette St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Riley

14. BIRTHPLACE (city or town) (State or country) W. Va. Virginia

MOTHER

15. MAIDEN NAME Edna Yoger

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Edna Riley

(Address) 867 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 13 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12 1933

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1933, to November 12, 1933

I last saw her alive on November 12, 1933. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 7 month Baby	11 11 33
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Davage M. D.

(Address) Union Hosp.

M. D. B. 1268-9

95261

E 95261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 Brunswick St., 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Boellinger

(a) Residence: No. 538 Brunswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Boellinger

6. DATE OF BIRTH (month, day, year) Mch 13 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME George Boellinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Pfeifer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Geo Boellinger

(Address) 538 Brunswick

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 11/17 1933

19. UNDERTAKER Geo W Embry & Son

(Address) Fulton Ave & Forsyth

20. FILED Huntington Wilkinson, M.D. Registrar.

31933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933 to Nov 11, 1933

I last saw h alive on Nov 10, 1933 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Condition Dilatation	11/9/33

Other contributory causes of importance:

Myocarditis
Arteriosclerosis
Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James A Kingsbury M. D.

(Address) 721 Mulberry

M. D. B. 1268-9

95262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 95262

50

Registered No. .....

(If death occured in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048 N. Broadway St., 1-06 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rebecca Greenebaum

(a) Residence: No. 1048 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Solomon Greenebaum

6. DATE OF BIRTH (month, day, year) Aug. 16, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Wurtzburger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Janet Haas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Solomon Greenebaum
(Address) 1048 N. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Cem. Date Nov. 14 33

19. UNDERTAKER [illegible]
(Address) 1902 Eutaw Place.

FILED 3 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to Nov 12, 1933
I last saw deceased alive on Nov 5, 1933. Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast with metastasis — Date of onset

Other contributory causes of importance:

Terminal Pulmonary Edema

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Howard Tendler M. D.

(Address) 817 Park Ave.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95263

E 95263

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 810 Hanlicke St. 21-01 Ward)

2-FULL NAME Mary Elizabeth Smith

(a) RESIDENCE NO. 810 Hanlicke St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced WIFE of (or) HUSBAND of Theodore R Smith

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1844

7 AGE	Years	Months	Days	IF LESS than 1 day... hrs. or ... min.
	89	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Kahl

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant William [illegible]
(Address) 810 Hanlicke St

15 Filed [illegible] Huntington Williams M.D.

NOV 3 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio - sclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy A. Cromwell M. D.

Nov 13 1933 (Address) 703 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 14 19 33
20 UNDERTAKER	ADDRESS 3109 Frederick Ave
[illegible] Baker W. Dill	

AFW

M. D. B. 1268-B

95264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95264

CERTIFICATE OF DEATH

446

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Ken Oak Road St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Maben Reisinger,

(a) Residence: No. 2418 Ken Oak Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Reisinger,

6. DATE OF BIRTH (month, day, year) December 15, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George A. Maben,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Taylor,

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Harry E. Reisinger,
(Address) 2418 Ken Oak Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date NOV 14 1933 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED 13 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 11 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933, to Nov 11 1933

I last saw h[illegible] alive on Nov. 11 1933. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10 days
Other contributory causes of importance:	
Uraemia	

Name of operation Exploratory Incision Date of Aug 17. 33

What test confirmed diagnosis? Exploratory Incision Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. M. H. Howland, M. D.

(Address) 118 N. Paca St

M. D. B. 1268-9

✓ E 95265

95265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4708 Park Heights Ave St., 27-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen T. Scott,

(a) Residence: No. 4708 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob F. Scott,

6. DATE OF BIRTH (month, day, year) February 18, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia

FATHER

13. NAME Henry T Inen,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza M. Spiseaker,

16. BIRTHPLACE (city or town) (State or country) Mobile Alabama

17. INFORMANT Miss Erma E. Scott,
(Address) 4708 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date NOV 14 1933 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

Huntington Williams N.P.
Registrar

31933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 10 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 19 32 to Nov 10 19 33

I last saw her alive on Nov 10 19 33 Death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

95266 E 95266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4-01 Ward)
BALTIMORE MARYLAND

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MR CHARLES JONES

(a) Residence: No. Clarksville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 11-1-33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wilson Lord
(Address) Clarksville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pleasant Cem Date 11-16, 1933

19. UNDERTAKER J. C. Hiemenway & Son
(Address) Ellicott City

Registrar. Huntington Williams, M.D.

31933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOVEMBER 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from NOVEMBER 8, 1933, to NOVEMBER 13, 1933
I last saw him alive on NOVEMBER 13, 1933. Death is said to have occurred on the date stated above, at 12.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF PROSTATE	
UREMIA	

Other contributory causes of importance:

SECONDARY CARCINOMA OF BONE
GANGRENE OF SCROTUM

Name of operation PROSTATIC RESECTION Date of 11-9-33
What test confirmed diagnosis CYSTOSCOPY BLD. EXAM X-RAY Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) James J. Moore, M. D.
(Address) University Hospital
Baltimore Maryland

Cor.—12-9-25—A Co.—20M Blks. E 95267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95267

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 304 Somerset Rd 7-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannie Byrd Northam

(a) RESIDENCE NO. 704 Wyndhurst Rd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27th 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	78	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westmoreland Co

(State or country) Va.

10 NAME OF FATHER Rev Geo H. Northam

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Martha Walker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

Informant (Address) Geo. R. Northam 704 Wyndhurst Rd

Filed Nov 14 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12th 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison M. D.

(Coroner)

11/15 1933 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Montross Va

Date of Burial Nov 14th 1933

20 UNDERTAKER Wm Cook ADDRESS 1217 St. Paul

NOV 15 1933

M. D. B. 1268-A E 95268 E 95268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 80

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 26-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Reisler

(a) Residence: No. 3908 Foster Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Reisler

6. DATE OF BIRTH (month, day, year) Nov. 17 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wales England

MOTHER FATHER

13. NAME John Burrows

14. BIRTHPLACE (city or town) (State or country) Wales Eng.

15. MAIDEN NAME Harriett Price

16. BIRTHPLACE (city or town) (State or country) Wales Eng.

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Union Bridge Md Date Nov 14th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED 11-14-1933 Huntingdon Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1933, to Nov 12, 1933

I last saw her alive on Nov 12, 1933 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes dorsalis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T P Maguel M. D.

(Address) Balt City Hosp

M. D. B. 1[illegible]-9 E 95269

E 95269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 W. Lombard St., 20-21 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James E. Wyatt

(a) Residence: No. 2519 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Novella Wyatt

6. DATE OF BIRTH (month, day, year) Jan 25th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) Nov 21

11. Total time (years) spent in this occupation 50 / 12

12. BIRTHPLACE (city or town) (State or country) King & Queens Co Va

FATHER

13. NAME James V. Wyatt

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME F. Durham

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Anna Rust

(Address) 2519 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 14th 1933

19. UNDERTAKER Wm Lord

(Address) 1217 St Paul St

NOV 14 1933 Hunting & Kilmon

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1933 to Nov 11 1933

I last saw h~~im~~ alive on Nov 11 1933 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chr. Myocarditis	2

Other contributory causes of importance:

Pulmonary Edema	Nov 04

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Glassman M. D.

(Address) 2683 Annesley Ave

E 95270

M. D. B. 1268-9

E 95270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Sparklin

(a) Residence: No. 415-4 Falls Rd, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Sparklin

6. DATE OF BIRTH (month, day, year) May 31, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Barton Sparklin

14. BIRTHPLACE (city or town) (State or country) Caroline Co Md

MOTHER

15. MAIDEN NAME Ruth N. Mott

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 15 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

NOV 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1933 to Nov 13 1933

I last saw him alive on Nov 13 1933 Death is said to have occurred on the date stated above, at 8:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, right	4 days

Other contributory causes of importance:

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Howard M. D.

(Address) Balt City Hosp

E 95271

M. D. B. 1268-9

E 95271

277711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 13-01 St. 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Stanley

(a) Residence: No. 2551 Mc Culloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 3-14-63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Stanley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 11-15th 1933

19. UNDERTAKER Bryant Mumford & Knight

(Address) 1218 Pine & 1219 Cherry St

20. FILED 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-10, 1933 to Nov 11, 1933. I last saw h.im alive on Nov 11, 1933. Death is said to have occurred on the date stated above, at 8 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon;	
Peritonitis	
Syphilitic Aortitis & Aortic Insuf.	
Lobar pneumonia Left lower	

Other contributory causes of importance:

Name of operation Resection Carcinoma of Colon Date of 11/3/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alberto Daniels M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-B

95272 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 95272

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2151 Chelsea Terrace St. 15-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Robinson,

(a) Residence: No. 2151 Chelsea Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Robinson,

6. DATE OF BIRTH (month, day, year) September 23. 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Gottlieb Bowers,

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Savilla Robinson,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs Anna Pearl Brooks,
(Address) 2151 Chelsea Terrace,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date NOV 15 1933 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED 14 1933 19 Huntington Terrace, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 1 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th 1933 to Nov 11th 1933.

I last saw h.. alive on Nov 11th 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	11/2/33

Other contributory causes of importance:
Myocarditis
Cardiac Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. J. Tankersley M. D.

(Address) Huntington Terrace, Md.

M. D. B. 1268-9 E 95273 E 95273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Collington St. 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Konig

(a) Residence: No. 2723 Eastern Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Konig

6. DATE OF BIRTH (month, day, year) Oct 17 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	48		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Councilman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Geo H. Konig

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Schrader

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Albert Schrader.

(Address) 2723 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cmty Date Nov 14, 1933

19. UNDERTAKER John H. Moran

(Address) 3000 E. Balto

Huntington Williams Reg.

NOV 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... , to ... , 19...

I last saw h... alive on ... , 19... . Death is said to have occurred on the date stated above, at 4-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation, accidental	
Illuminating Gas	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 11/10, 1933

Where did injury occur? 511 S Collington Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation

Nature of injury Inhaling Gas.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) B. Pederson M. D. Coroner

(Address) 1345 N Patterson Park

E 95274

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 95274

1. PLACE OF DEATH 4663 Pimlico Rd. 27-04 107-001

County ..... Registration Dist. No. .....

Village or City ..... No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Rose Weinblatt

(a) Residence: No. 4663 Pimlico Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Mayer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bertie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Wm. Weinblatt - Son

18. BURIAL, CREMATION, OR REMOVAL Place Levindale Date 11/14/33 19....

19. UNDERTAKER (Address) Jack Levin Inc 1430 E. Baltimore St.

20. FILED ..... 19.... ..... Registrar.

A 1933

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 13th 1933 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/4 1933 to 11/13 1933

I last saw her alive on 11/13 1933; death is said to have occurred on the date stated above, at 8 30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	11/1/33

Other **Contributory Causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. H. Hornstein M. D.

(Address) 733 Lexington St

Spec.—1-30—M. & T.—250 Bks.

E 95275

E 95275

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Hamilton St ST. 27-01 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME abraham Neuman

(a) RESIDENCE NO. 3701 Hamilton Ave ST., ... WARD .....

(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, (Married), Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Molly

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Albert Frohman 2122 E Lombard St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 13 1933

17 I HEREBY CERTIFY, That I attended deceased from October 15, 1933 to Nov 13, 1933, that I last saw him alive on Nov 13, 1933, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis.

Carcinoma stomach with metastasis to liver.

(duration) ? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Starvation

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept. 2-33

Was there an autopsy? no

What tests confirmed diagnosis? Biopsy

(Signed) Edward Mortimer, M. D.

19 (Address) 5301 Sueltan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fellowship Rosedale 11/4/33

DATE OF BURIAL: 11/4/33

20 UNDERTAKER: Fleet Sons Inc

ADDRESS: 1434 E. Balto St

M. D. B. 1268-9

E 95276

E 95276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 2-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Trzcinski

(a) Residence: No. 215 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Franciszka Trzcinski

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Trzcinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife
(Address) 215 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Fairmount Date Nov. 15, 1933

19. UNDERTAKER J. W. Zawacki
(Address) 1930 Eastern Ave.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3.30 m. P.M.

The principal cause of death and related causes of importance were as follows:

Probably Apoplexy — Date of onset .....

Other contributory causes of importance:

General Arteriosclerosis — Date of onset ?

Chr Myocarditis — Date of onset .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos H Carter Coroner, M. D.

(Address) 508 E Monument

M. D. B. 1231-9 E 95277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95277

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2605 Huron St. 25-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred No yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah E. Kyler

(a) Residence: No. 2605 Huron St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of John F. Kyler

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Calvert Co (State or country) Md

FATHER

13. NAME Sutton Isaacs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Theresa Kyler

(Address) 2605 Huron St

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem Date Nov 14 1933

19. UNDERTAKER Bernard Hensley

(Address) 818 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/33

22. I HEREBY CERTIFY, That I attended deceased from 10/22/33 to 11/10/33

I last saw her alive on 11/9/33 Death is said to have occurred on the date stated above, at 8.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11/5/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. F. B. Hayleck M. D.

(Address) 917 Eutaw St

M. D. B. 1268-B

HUFF

E 95278

E 95278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2857 Chesterfield Ave. St. 8-01 Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Huff

(a) Residence: No. 2857 Chesterfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Martha E. Huff

6. DATE OF BIRTH (month, day, year): July 7 1866

7. AGE — Years: 67 | Months: 4 | Days: 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charles Town, W. Va.

FATHER

13. NAME: George Huff

14. BIRTHPLACE (city or town) (State or country): West Virginia

MOTHER

15. MAIDEN NAME: Susan Poston

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs. Martha E. Huff
(Address) 2857 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Nov. 15. 1933

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED ... 19...

NOV 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933, to Nov 12, 1933

I last saw h... alive on Nov 12, 1933 Death is said to have occurred on the date stated above, at 9.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 9
Other contributory causes of importance:	
Arteriosclerosis	?
Chronic Nephritis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B Duncan M. D.

(Address) 1317 Eutaw Pl

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95279

CERTIFICATE OF DEATH

E 95279

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Waters

(a) Residence: No. St. John Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	33	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Waters

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Carrie Golden

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Golden

(Address) 1222 Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Nov 4 1933

19. UNDERTAKER Mrs. Peter A. D. Elliott

(Address) 1129 Lanvale St Baltimore, Md

20. FILED NOV 4 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1303 Fallsway Coroner

E 95280

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Henry ST. 24-01 WARD)

2-FULL NAME Mary Dickens

(a) RESIDENCE NO. 1516 Henry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER John Dickens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Elizabeth H. Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

Informant Mrs. Mary Ann Hatfield

(Address) 1727 Olive St

Filed NOV 14 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-1933

17 I HEREBY CERTIFY, That I attended deceased from 6/12, 1933, to 11/11, 1933, that I last saw her alive on 11/8, 1933, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Intracapsular fracture of the neck of the left femur

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Slipped on floor

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Varsity underwear Co Eastern ave City

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S. H. Barrance, M. D.

, 19 (Address) 436 E. Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL Nov 14 1933

20 UNDERTAKER John J. Deasey

ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Blks.

E 95281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 95281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1421 Aiggle ave ST. 14-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Sharp

(a) RESIDENCE NO. 1421 aiggle ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Mucia Sharp

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 60; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): unk

12 MAIDEN NAME OF MOTHER: Sallie Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: M. E. Jackson

(Address): Annie E. Inman 1421 Aiggle

15 Filed: NOV 14 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-11-1933

17 I HEREBY CERTIFY, That I attended deceased from 11-3-, 1933, to 11-11-, 1933,

that I last saw h e alive on 11-11-, 1933

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) M. E. Jackson M. D.

11/14/33 (Address) 1421 Aiggle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 11/17/33

20 UNDERTAKER: Mrs. George H. Hollas — ADDRESS: 1401 Druid Hill

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95282

CERTIFICATE OF DEATH

23 VE 95282

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 Milliman St., 7-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Kettering

(a) Residence: No. 1648 Milliman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10th 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Shoe Co

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John B Kettering

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Sauerschlager

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Emma Kettering
(Address) 1648 Milliman St

18. BURIAL, CREMATION, OR REMOVAL
Place Nov 16th 1933 Date Baltaben 19

19. UNDERTAKER George Schillings & Sons
(Address) Monument & Cemetery Sts

19 ..... Registrar.

FILED NOV 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from about May 5 1933 to Nov. 12 1933

I last saw h[illegible] alive on Nov. 7 1933. Death is said to have occurred on the date stated above, at 2 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about May 1933
Other contributory causes of importance: —	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Not to my knowledge

(Signed) Geo. L. Kettering, M. D.

(Address) 2724 E. Pratt St.

M. D. B. 1268-9

E 95283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35283

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Harford Ave. 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Ramming

(a) Residence: No. 2708 Harford Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Ramming

6. DATE OF BIRTH (month, day, year) Mar. 26, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME John Aulbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Seemann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Lillian Lapthright (daughter) 2708 Harford Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Baltimore Cemetery Date Nov 14th, 1933

19. UNDERTAKER George Schilling & Sons
(Address) Monument & Auburn Sts

FILED NOV 14 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 11 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 4 - 10 - 1929 to 11 - 11 - 1933

I last saw her alive on 11 - 11 - 1933 Death is said to have occurred on the date stated above, at 11:30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929
Other contributory causes of importance: Auricular fibrillation	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos B. Hyland M. D.

(Address) 2802 Harford Ave.

M. D. B. 1868-9 E 95284 E 95284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 24-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Langville

(a) Residence: No. 108 E Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Hooper

6. DATE OF BIRTH (month, day, year) Nov 11 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Langville

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ida Hooper

(Address) 108 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laudenslager Date 11/14/33, 19...

19. UNDERTAKER John L. Tabor & Sons

(Address) 1518 Eutaw St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Nov. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th, 1933, to Nov 10th, 1933

I last saw him alive on Nov 10th, 1933. Death is said to have occurred on the date stated above, at 11 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addisons disease	1923
Chronic Lead Poisoning	1913
Other contributory causes of importance:	
Edema Pulmonary TBC.	1913

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Probably Chronic Lead Poisoning

(Signed) Gustav Hyglstein M. D.

(Address) Sinai Hospital

M. D. B. 1208-0

E 95285

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95285

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Good Shepherd Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 17th (Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Young

(a) Residence: No. 1326 Myrtle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Emma B. Young

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME George Young

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Wife Emma B. Young
(Address) 1326 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Thomas Landdale Town Date NOV 13 1933

19. UNDERTAKER Sim't. Chase Son
(Address) 638 N. Gilmor

20. FILED ... 1933 ... Registrar.

17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20 1933 to Nov. 11 1933

I last saw h... alive on Nov. 11 1933 Death is said to have occurred on the date stated above, at 11:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma.	
Chronic bronchitis	
Lobar pneumonia	11-8

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) W. A. Marshall M. D.

(Address) 1838 Druid Hill Ave

M. D. B. 1268-9

E 95286

E 95286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N Caroline St., 5-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hugh Prince

(a) Residence: No. 302 N Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillian Prince

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	Apparx 35	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Prince

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lillian ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillian Prince (Wife)
(Address) 302 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Kirkman County Date Nov 14 1933

19. UNDERTAKER Peter Bryan
(Address) 1617 Orleans St

20. FILED Nov 14 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept ? 1933 to Nov 12 1933

I last saw him alive on Nov 10 1933. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	apparx 3 mo

Other contributory causes of importance:

none

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E Hillsmount St

M. D. B. 1268-9

E 95287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95287

CERTIFICATE OF DEATH

180

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 Cloney St. 18-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dennis

(a) Residence: No. 828 Cloney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 14-1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of father John Dennis

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME of mother Elizabeth Green

16. BIRTHPLACE (city or town) (State or country) Phila. Pa

17. INFORMANT John Dennis

(Address) 828 Cloney St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 14, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 2332 E. Lafayette Ave.

FILED 1933 Statistician for Baltimore City

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Third degree burns of entire body	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/12, 1933

Where did injury occur? Dwelling
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home House fire

Manner of injury Explosion Coal oil stove

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) (Original Filed) , M. D.
Coroner

(Address) 1157 Eastern Ave

M. D. B. 1268-9 E 95288 E 95288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Almeeta Dennis

(a) Residence: No. 828 Cloney St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 13/1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	24 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Dennis

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Almeeta Green

16. BIRTHPLACE (city or town) (State or country) Phila., Pa.

17. INFORMANT John Dennis
(Address) 828 Cloney St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov. 14, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St.

20. FILED Nov 14 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia ?	
Both Lungs	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Page M. D.
Coroner

(Address) 508 E Fort Ave

M. D. B. 1268-a. E 95289 E 95289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Gough Street St., 2-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen S. Augustyniak

(a) Residence: No. 1913 Gough Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - - - - - -

6. DATE OF BIRTH (month, day, year) July 4th/1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? ? ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Augustyniak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Nowak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Anna Augustyniak
(Address) 1913 Gough Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Nov, 16th/1933

19. UNDERTAKER George A Meyer
(Address) 1518 Aisquith street

20. FILED NOV 17 1933 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov, 13th, 33

22. I HEREBY CERTIFY, That I attended deceased from April 13 - 1933 to Nov 13 - 1933

I last saw her alive on Nov 12 1933 Death is said to have occurred on the date stated above, at 4.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary - Tuberculosis	April 13/33
Other contributory causes of importance:	
General Tuberculosis	Jan's

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Dane A Drasler M. D.

(Address) 125 S Broadway

E 95290

M. D. B/1269-J

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95290

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 South Wolfe St St., 2-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Nowak

(a) Residence: No. 318 South Wolfe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Jozefa Nowak

6. DATE OF BIRTH (month, day, year) About 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Jozefa Nowak

(Address) 318 South Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL Nov, 17th/33

Place St, Stanislaus Date 19

19. UNDERTAKER George P. Weber

(Address) 2013 Ann Street

Nov 17 1933 19 Livingston Williams, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov, 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1933 to November 13, 1933

I last saw him alive on November 12 1933 Death is said to have occurred on the date stated above, at 12 40 p. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis - Chronic
Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Andrew Nowakowski M. D.

11/13/33 (Address) 2529 Eastern Ave.

M. D. P. 1708-9

E 95291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95291

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 76-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna M. Hymon

(a) Residence: No. 2016 Ramsay St ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter Hymon

6. DATE OF BIRTH (month, day, year) Oct. 5-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	41	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Dietz

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Marie Flag

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Peter S. Hymon

(Address) 2016 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 17, 1933

19. UNDERTAKER George E. Lapsat

(Address) 2201 Frederick Ave.

FILED NOV 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1933, to November 14 1933

I last saw h.. alive on November 14 1933. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	11/9/33
Other contributory causes of importance: Myocardial Failure	11/10/33

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunker, M. D.

(Address) St. Agnes Hospital.

A&Co. 5-11 2508

E 95292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95292

CERTIFICATE OF DEATH

+131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 W Lexington St. 20-01 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Johler

(a) Residence: No. 2140 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed or divorced (or) WIFE of: Leopold Johler
6. DATE OF BIRTH (month, day, year): Oct 15 1854
7. AGE: Years 79 | Months — | Days 29 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.
9. Industry or business in which work was done, as mfk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.
13. NAME OF FATHER: John Steinle
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME OF MOTHER: Ann Brown
16. BIRTHPLACE (city or town) (State or country): Germany.
17. INFORMANT: Daughter
(Address) 2140 W. Lexington St.
18. BURIAL, CREMATION, OR REMOVAL
Place: Scranton Pa. Date: Nov. 17, 1933
19. UNDERTAKER: George L. Lahmar
(Address) 210 Fremont Ave.
20. FILED 19 Registrar.

NOV 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 13, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1933 to Nov 13 1933
I last saw her alive on Nov 13 1933 death is said to have occurred on the date stated above, at 3 100 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension Arterio Sclerosis, Hemiplegia
Cerebral Hemorrhage
Contributory
Cardiac Dilatation

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Norbert A Fitch M. D.
(Address) 251 Wilkins ave

M. D. B 1268-9

95293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 95293

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 17-01 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Williams

(a) Residence: No. 614 W Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Feb. 7 ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stephen Burke

14. BIRTHPLACE (city or town) (State or country) West River Md.

MOTHER

15. MAIDEN NAME Mary Owens

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 14 1933

19. UNDERTAKER .....

(Address) Huntington Williams, Md

FILED 13 1017 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1933 to Nov 12 1933

I last saw her alive on Nov 12 1933 Death is said to have occurred on the date stated above, at 905 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Apo	10 days
Hypertension	?
Obesity	?

Other contributory causes of importance:

Name of operation ..... Date of None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) I Rhagvel M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

E 95294

95294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital, Balto. Md

CITY OF BALTIMORE: (No. ..... St. 10-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin E. Bandlitz

(a) Residence: No. 1016 E. Chase St St., 1016 E Chase St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 11 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Milford Bandlitz

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Vogel

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Milford Bandlitz

(Address) 1016 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Nov. 15 19 33

19. UNDERTAKER Henry Heck & Sons Inc

(Address) 1301 E. Eager St. Baltimore, Md.

20. FILED 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-33 19

22. I HEREBY CERTIFY, That I attended deceased from 11-11-33, 1933, to 11-13-33, 1933

I last saw him alive on 11-13-33, 1933 Death is said to have occurred on the date stated above, at 1:27 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia Type, undetermined	11-6-33
Other contributory causes of importance:	
Stomach ulcers	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

E 95295 ✓ ME 95295

1-39—M. & T.—100 M. Col.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hos. ST. 14-01 WARD)

2-FULL NAME Nathan Hubbard Crawford

(a) RESIDENCE NO 1416 Linden Ave. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Meta H. Crawford

6 DATE OF BIRTH (month, day, and year) Sept. 2, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Filling Station
(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor 45
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma M. Simonton

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mrs. Bessie M. Crawford
(Address) 1416 Linden Ave.

15 Filed NOV 14 1933 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained hy said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by Street Car
Accidental Death

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Madison & Lafayette

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... Coroner, M. D.

, 19 (Address) 2736 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Nov. 16 1933

20 UNDERTAKER Wm. J. Hickner & Sons

ADDRESS Northern

M. D. B. 1268-9

E 95296 ✓ E 95296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Dukeland St. 16-01 Ward)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Florence Whittemore

(a) Residence: No. 1222 Dukeland St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence H. Whittemore

6. DATE OF BIRTH (month, day, year) Sept. 27, 1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	62	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Wernsing

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Minnick

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Lawrence H. Whittemore

(Address) 1222 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Nov 16 1933

19. UNDERTAKER Tom Pickett Sons

(Address) Noble & Peden.

20. FILED ... 19... ... Registrar.

NOV 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933, to Nov. 13, 1933

last saw h.. alive on Nov. 13 1933 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Walter E. Pearson, M. D.

(Address) 207 Medical Arts Bldg.

AACo. 3-11 2500

E 95297 ✓ E 95297

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Eutaw Avenue St., 11-21 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Pauline Fickenscher

(a) Residence: No. 1301 Linden Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Mar. 19-1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75 yrs.	7	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Fickenscher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eutaw Avenue

18. BURIAL, CREMATION, OR REMOVAL Nov 15 1933
Place Baltimore Cem. Date .....

19. UNDERTAKER Wm. Fickes Sons
(Address) Wagner & Parker

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13 24 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 st, 1933, to November 13, 1933
I last saw her alive on 11/11/33 1933, death is said to have occurred on the date stated above, at 6.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Myocarditis & decompensation	11/8/33

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dawes, M. D.
(Address) St. Agnes Hospital.

Spec. 9-30-A. E 95298

E 95298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 402 Bloom St. 14-01 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Davenport

(a) RESIDENCE NO. 402 Bloom St.. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 14/32

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 600

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER H Davenport

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Taylor

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mary Davenport
(Address) 402 Bloom St

15 Filed ....., 19..... Registrar

No. 1933

MEDICAL CERTIFICATE OF DEATH

X

16 DATE OF DEATH (month, day, and year) Nov 17/33

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Nov 17, 1933

that I last saw him alive on Nov 13, 1933

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

11/17, 1933 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov 14, 1933

20-A UNDERTAKER Archibald A. Gaddis — ADDRESS 2101 McCulloh St

M. D. B. 1268-9

E 95299 ✓ E 95299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins St., J-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam E. Kuchta

(a) Residence: No. 503 N. Patterson Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Madeline Kuchta

6. DATE OF BIRTH (month, day, year) April 9 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ignatius Kuchta

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Madeline Kuchta

(Address) 503 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov 15 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10-33 19 ..... to Nov 12-33 19 .....

I last saw him alive on Nov 11-33 19 ..... Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 10 1933
Other contributory causes of importance: Phthisis Pulmonalis	

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. H. Herrman M. D.

(Address) 2913 E Baltimore

M. D. B. 1268-9

✓ E 95300

95300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 S Elinton St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Strassner

(a) Residence: No. 1601 S. Elinton St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estell Strassner

6. DATE OF BIRTH (month, day, year) Sept 14 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frederick Strassner

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Ella Berry

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Tigertsdebruch

(Address) 2159 S Elinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Nov 15 1933

19. UNDERTAKER Lilly & Zeiler 2nd

(Address) 403 W Lexington St.

Baltimore Maryland

19... Registrar.

47022

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov 12 1933

I last saw him alive on Nov 12 1933. Death is said to have occurred on the date stated above, at 3 38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Indefinite
Other contributory causes of importance:	
Tuberculous Meningitis	11/8/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H B Fellows M. D.

(Address) 325 S Highland Ave

M. D. H. 1268-9

✓ E 95301

95301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

168

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 07-61 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth ½ 2 yrs. mos. ds.

2. FULL NAME Julian Rosiak

(a) Residence: No. 2924 Sylvan Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE~~ of) Pelagia Rosiak

6. DATE OF BIRTH (month, day, year) May ? 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5 6	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Church Organist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

INFORMATION FURNISHED BY

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Symanski (Daughter)
(Address) 2924 Sylvan Ave

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place St. Stanislaus. Date Nov. 15., 1933

19. UNDERTAKER M.F. Sadowski.
(Address) 1740 Eastern Ave.

DATE RECEIVED NOV 14 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-Hemorrhage	Nov 13/3

Other contributory causes of importance:
Insane (returned from Sheppard-Pratt Hospital Nov 11/33)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? 2924 Sylvan Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Severed brachial artery

Nature of Injury with caring knife

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.
(Address) 506 E Fayette

M. D. B. 1268-9

✓ E 95302

95302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Jackson Gambell

(a) Residence: No. 926 N. Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18-1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Jackson

(Address) 926 N. Fulton.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-15, 1933

19. UNDERTAKER Dodd Eggman

(Address) 916 Pennsylvania Ave

20. FILED ..., 19... Registrar.

11-16-33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-3-33, 19..., to 11-13-33, 19...

I last saw her alive on 11-13-33, 19... Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Probably Malignant	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) William Seal Rowe M. D.

(Address) Provident Hospital

M. D. B. 1268-9

95303 ✓ E 95303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Union Avenue St. 13-01 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Duncan Riley

(a) Residence: No. 1228 Union Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Jane Riley

6. DATE OF BIRTH (month, day, year) Jan. 23, 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. telegraph operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Luther Riley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Co.

MOTHER

15. MAIDEN NAME Mary J. Duncan

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Mrs. M. Jane Riley
(Address) 1228 Union Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Covans Date Nov. 15, 19 33

19. UNDERTAKER A. S. Marshall
(Address) 3519 Paris Road

20. FILED 11-16-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 33 to Nov. 12 33

I last saw h[illegible] alive on Nov. 12 1933. Death is said to have occured on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
or General Convulsions	
Circulatory obstruction	5 min
Other contributory causes of importance: Carcinoma of mouth	1/8/33
Xrays	

Name of operation Excision Island flap Date of ...

What test confirmed diagnosis? Microscopic clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Emory F. Kelly M. D.

(Address) 60 E. Lanvale St.

M. D. B. 1268-9

95304 E 95304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-001

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Lindberg

(a) Residence: No. Phoenix Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lewis Lindberg

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lisa Oondorff

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Lindberg

(Address) 2258 Woodbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem. Date Nov 16 '33

19. UNDERTAKER D. S. Marshall

(Address) 1500 Lady Wood

Huntingtown Calvert Co. Md.

20. FILED 41933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1933, to 11-13, 1933

I last saw him alive on 11-13, 1933. Death is said to have occurred on the date stated above, at 8 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	11-13
Other contributory causes of importance:	
Strangulated femoral hernia & Wound infection.	10-28

Name of operation Herniaplasty + Resection - Date of 11-2-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. B. Settle M. D.

(Address) Union Memorial Hospital

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 95305

95305

CERTIFICATE OF DEATH.

REGISTERED NO. 94-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2712 Whitney Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William P. A. Corcoran

(a)-RESIDENCE NO. 2712 Manhattan Ave Whitney av St. Ward 27

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. in Balto 6yrs mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mall	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Mar. 10/70

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
63		8	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Chemical Co

(c) Name of employer Fred. Martin

BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Stephen Corcoran

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. Cuff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant Delia L. Corcoran

(Address) 2712 Whitney Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933, to Nov. 14, 1933, that I last saw him alive on Nov 14, 1933, and that death occurred, on the date stated above, at 1205 A m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. 12 hours. mos. ds.

CONTRIBUTORY (secondary) Arteriosclerosis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual clinical

(Signed) Sherman R. Hantz, M. D.

Nov 14 1933 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cem Nov 16 1933

20 UNDERTAKER ADDRESS

L. J. Dankein & Co Eastern Ave & Wolfe St

4-1933 AM

M. D. B. 1268-9

95306

E 95306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 Mosher St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Mary Block

(a) Residence: No. 740 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 11/4/33

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 740 Mosher St

FATHER

13. NAME Willie Block

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Rock

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Willie Block

(Address) 740 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 14 1933

19. UNDERTAKER .....

(Address) .....

20. Filed ..... 19..... Registrar.

41933

1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14/33

22. I HEREBY CERTIFY, That I attended deceased from 11/7/33 19..... to 11/14/33 19.....

I last saw h... alive on 11/7/33 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Org Dis of	
the Mother	

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 527 Park

M. D. B. 1268-9

E 95307

95307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (St.) 3-01 (Ward)

Length of residence in city of where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thos Hawkins

(a) Residence: No. 1011 Watson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
about 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Provident Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery of Md Date Nov 14 1933

19. UNDERTAKER

(Address) Huntington Ave Funeral Home

ALM 4 1933 Nov 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 a 33

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Polk Coroner M. D.

(Address)

M. D. B. 1268-9

95308 E 95308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 2-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Stewart

(a) Residence: No. 170 Pleasant St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 14 1933

19. UNDERTAKER Geo. Asslouer Health.

(Address)

FILED 4 1933 Thompson-Pollard Co. Wm. Registrar.

1096

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify...

(Signed) ... M. D.
Coroner

(Address)

✓ E 95309

M. D. B. 1268-9

95309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: ~~Baltimore~~ City Hosp St., 27-6 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Murray

(a) Residence: No. 6602 Hamlet Ave St., ... Ward. .....
(Usual place of abode) Hamilton (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Silas Murray (Dead)

6. DATE OF BIRTH (month, day, year) Dec 16 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

MOTHER FATHER

13. NAME Wm T. Hall

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

15. MAIDEN NAME Mary S. Triggett

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Park Date Nov 17 1933

19. UNDERTAKER Leonard J. Ryck Jr. (Address) 5305 Harford Rd.

41933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1933 to Nov 17 1933

I last saw h.. alive on Nov 17 1933 Death is said to have occurred on the date stated above, at 9.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?
Generalized Metastasis	?

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. D. Mazell M. D.

(Address) Balt City Hosp.

Spec.—1-10-21—M&T—1500 Blks.

95310 E 95310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 N. Carrollton av ST., 18th WARD)

2-FULL NAME Susan Brown Stallings

(a) RESIDENCE NO. 641 N. Carrollton av ST., 18th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): July 20th 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Finisher 86

(b) General nature of industry, business, or establishment in which employed (or employer): Needle work

(c) Name of employer: C. P. McPherson

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Peter Stallings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Marie L. Carter

(Address): 641 N. Carrollton av

15 41933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Nov 11, 1933,

that I last saw h er alive on Nov 11, 1933,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman M. D.

Nov 13 33 (Address) 753 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Nov 16 19

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Gilmor st

M. D. B. 1268-9

95311 ✓ E 95311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 N. North Ave., St. 13-el Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Haddell.

(a) Residence: No. 536 N. North Ave. St., ... Ward. Near New Windsor Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Roberta Haddell.

6. DATE OF BIRTH (month, day, year) 1859-12-18

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0+D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

FATHER

13. NAME John Haddell

14. BIRTHPLACE (city or town) (State or country) Unknown "

MOTHER

15. MAIDEN NAME Mary Lynn.

16. BIRTHPLACE (city or town) (State or country) Unknown "

17. INFORMANT Mrs Minnie Tepper.

(Address) 536 N. North Ave. City.

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cemetery Date Nov. 16 1933

19. UNDERTAKER C. M. Fiat

(Address) Manchester Md.

Filed 4 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 17. 1933. to Nov 14 1933.

I last saw h[illegible] alive on Nov 4 1933. Death is said to have occurred on the date stated above, at 3.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unknown

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Fred C. Jewett M. D.

(Address) 2570 Pennsylvania Ave

Spec.—1-30—M. & T.—250 Bks

✓ E 95312

95312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Poultney St. ST 23-61 WARD)

2-FULL NAME Philipena C. Behrens.

(a) RESIDENCE NO. 10 Poultney St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of George W. Behrens.

6 DATE OF BIRTH (month, day, and year) February 23, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Kilian Bowers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Johanna Holland.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Henrietta Bowers. (daughter)

(Address) 4 E. Gittings St.

Filed 4 1933 Huntington Williams, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12, 1933

17 I HEREBY CERTIFY, That I attended deceased from October 30, 1933 to November 12, 1933, that I last saw h alive on November 12, 1933, and that death occurred, on the date stated above, at 4 p. m. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

Right Hemiplegia.

(duration) yrs. mos 18 da.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

11/13/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 11/15 1933

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light

M. D. B. 1268-9

✓ E 95313

95313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Hamilton Ave St. 27-91 Ward)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Regnier

(a) Residence: No. 3215 Hamilton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married.~~ Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Margaret A. Regnier

6. DATE OF BIRTH (month, day, year) Aug 7th 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Equitable Trust Co

10. Date deceased last worked at this occupation (month and year) Sept 1931

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Regnier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Russell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Raymond C. Regnier

(Address) 4416 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Ev. Luth. Date Nov 15th 1933

19. UNDERTAKER Wm Cook

(Address) 1317 St Paul St

Registrar. 19 .....

20. FILED Nov 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1933 to Nov 13 1933

I last saw him alive on Nov 13 1933 Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	
Pulse 74	

Other contributory causes of importance:

Arterio S

Name of operation None Date of No

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Clark M. D.

(Address) 2105 Edmondson Ave

M. D. B. 1268-9

E 95314

95314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE MD St. 6-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S. Droll

(a) Residence: No. 5 North Port St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Droll

6. DATE OF BIRTH (month, day, year) Sept 23rd 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Family Welfare

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Adam Droll

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Hoeman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary E. Droll

(Address) 5 N. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 16th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED Nov 17 1933 Registrar.

47933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13 1933

22. I HEREBY CERTIFY, That I attended deceased from November 9. 1933 to November 13. 1933

I last saw him alive on November 13. 1933 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1.) Cerebral Hemorrhage	11-9-33
2.)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

AaCo. 5 31 250B

95315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95315

CERTIFICATE OF DEATH

94-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospt.

CITY OF BALTIMORE: (No. 100 Caton Avenue St., 15-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Hummell

(a) Residence: No. 2021 North Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Ida Hummell

6. DATE OF BIRTH (month, day, year) Jan 5th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76 yrs.	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME August Hummell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Winter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hosp.
(Address) 100 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 17th 1933

19. UNDERTAKER Wm Cook & Sons
(Address) 1207 E. Fayette St. Baltimore, Md.

20. FILED ..... 19 ..... Registrar.

11933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to November 14th 1933.

I last saw him alive on November 13, 1933, death is said to have occurred on the date stated above, at 12:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/13/33
Other contributory causes of importance: —	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunler M. D.

(Address) St agnes Hospital.

M. D. B. 1268-B

Schaefer ✓ E 95316

95316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 W. Monroe St. St. 15th Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Schaefer

(a) Residence: No. 2006 W. Monroe St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
		Married

5a. If married, widowed, or divorced
HUSBAND of Elizabeth Schaefer (nee Heile)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1871.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year) 11/32

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Charles Schaefer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Marie Hossfeld

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Lizette Schaefer
(Address) 2006 W. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/15/33 19

19. UNDERTAKER Harry N. Weitzel
(Address)

20. FILED NOV 16 1933 Registrar.

41933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29th, 1933, to Nov 13th, 1933. I last saw him alive on Nov 12th, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	March 1933
Other contributory causes of importance:	

Name of operation Exploratory Laparotomy Date of Aug 1933

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo W. Harrington M.D. M. D.

(Address) 401 E 25th St

✓ E 95317

E 95317 Sprague-Warner Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

89-002

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto. Eye Ear + Throat Hosp

CITY OF BALTIMORE: (No.) 1214 Eutaw Pl (St.) 16-Oak (Ward)

2-FULL NAME Mr. Leonard Bell

(a) RESIDENCE. NO. 605 Lyndhurst Road St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of Edith Viola Bell
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Town William Bell

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Town Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Edith P. Bell (Address) 605 Lyndhurst Rd.

Filed 11-14 1933 Huntington Village N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13 1933

17 I HEREBY CERTIFY, That I attended deceased from 11-11, 1933, to 11-13, 1933

that I last saw him alive on 11-13, 1933

and that death occurred, on the date stated above, at 2-30 P. m.

The CAUSE OF DEATH* was as follows:

1a Pneumococcic meningitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Mastoidectomy Oct 30, 1933.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 30, 1933

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Jerome Snyder, M. D.

11-13, 1933 (Address) 1214 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER Harry H. Nitzke, ADDRESS 1401 Edmondson Ave

M. D. H. 1268-9

E 95318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95318

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Mt Hope Asylum St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richmond L. Hohman

(a) Residence: No. 411 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Iris Hohman

6. DATE OF BIRTH (month, day, year): July 8-1898

7. AGE: Years 35 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 013

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of father: Franklin L. Hohman

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME of mother: Matilda S Bauernschmidt

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Iris Hohman

(Address): 411 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Park Date: Nov 15, 1933

19. UNDERTAKER: Jos Levinson & Bro

(Address): 11 W E Baltimore St

Huntington Theatre, Md

FILED: NOV 15 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Suicide
Strangulation
by hanging

Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury ... 19 ...

Where did injury occur? Mt Hope Asylum
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Colvin Coroner M. D.

(Address) ...

M. D. B. 1268-9 E 95319

E 95319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hosp St. 18-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George McLain
(a) Residence: No. 538 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1 - ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Edward McLain
14. BIRTHPLACE (city or town) (State or country) Alexandria
15. MAIDEN NAME Emily Bond
16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date 11/15/33

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1816 Light St

20. FILED 15 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) November 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1933 to Nov 11 1933
I last saw h[illegible] alive on Nov 11 1933 Death is said to have occurred on the date stated above, at 6 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I P Magee M. D.
(Address) Balt. City Hosp

M. D. B. 1268-9 ME 95320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

ME 95320

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 E 20th St St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Westley Ford

(a) Residence: No. 16 E 20th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Cl	married

5a. If married, widowed, or divorced
HUSBAND of Georgia
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Eutard Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Pauline Parker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Georgia Ford
(Address) 16 E 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov 15 1933

19. UNDERTAKER Mrs. R. A. Ellis
(Address) 1823 N Gay St

Filed NOV 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 19 . to 19
I last saw h alive on Nov. 19 . Death is said
to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/11, 1933
Where did injury occur? E Pratt St and Patterson Park
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while walking across street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Jos. H. Shoaff M. D.
Coroner
(Address) 2200 E Madison St

M. D. H. 1268-9

E 95321

E 95321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 18-01 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Louis Queen

(a) Residence: No. 1079 Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Queen

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sanders

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frances Queen

(Address) 1079 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Md Date 11/16 1933

19. UNDERTAKER Raymond T. Hensley

(Address) 3, 5 & 7 N Biddle St

20. FILED 11-16 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1933 to 11-12 1933

I last saw h[illegible] alive on 11-1 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uremia	3 weeks ago
2. Nephritis	
3. Cirrhosis	
4. Anuria	

Other contributory causes of importance:

Pneumonia Left Lung 3 wks

Name of operation [illegible] Date of 11-2-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Feldt M. D.

(Address) University Hospital

M. D. B. 1268-9 E 95322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95322

CERTIFICATE OF DEATH

XV 186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. Kemp

(a) Residence: No. Reistertown. Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Kemp

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co..

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John S. Kemp (son)
(Address) Reistertown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant View Date Nov. 16, 1933

19. UNDERTAKER Mrs Berry may & Sons
(Address) Reistertown Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Embolus	
Other contributory causes of importance:	
Md.	
Fracture of left hip	Nov 8/33

Name of operation Cast splint Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury Nov 8/33

Where did injury occur? In home (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury Fell down Stairs.

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Gaver M. D. Coroner

(Address) 306 N Gay

M. D. B. 12[illegible] E 95323 E 95323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

1. PLACE OF DEATH Sinai Hosp

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Levy

(a) Residence: No. 11 N. Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam Levy

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Levy (Son)
(Address) 4006 Pinkney Road

18. BURIAL, CREMATION, OR REMOVAL
Place Levitmen Circle Mt. Carmel Date 11-15-, 1933

19. UNDERTAKER Joe Levin Inc.
(Address) 1439 E. Baltimore St.

20. FILED NOV 15 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1933 to 11-14, 1933

I last saw h.i. alive on 11-14, 1933 Death is said to have occurred on the date stated above, at 2.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial type)	
Metas. to Lung	

Other contributory causes of importance:

Hypernephroma L. Kid	

Name of operation Explor. Laparot Date of 11-10-33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark B. Hanna M. D.

(Address) Sinai Hosp

M. D. B. 1268-9 E 95324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 N. Smallwood St., 15-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

2. FULL NAME Leon Brown

(a) Residence: No. 2002 N Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Brown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Daniel Brown — Son
(Address) Temple Gardens East.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 11/15/33 19

19. UNDERTAKER Jack Louis Inc.
(Address) 1439 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1933 to Nov. 14, 1933

I last saw h. alive on Nov. 13, 1933. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular - Renal Disease	Several years ago
Other contributory causes of importance: Uremia (?)	Nov. 13 1933

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Silverman M. D.

(Address) 2340 Eutaw Pl

M. D. B. 1268-9

E 95325

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 9-4-E 95325

CERTIFICATE OF DEATH

16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Arunah Avenue St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 0 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Berg

(a) Residence: No. 2313 Arunah Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert C. Berg

6. DATE OF BIRTH (month, day, year): Nov. 2, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Edward J. Conry

14. BIRTHPLACE (city or town) (State or country): Not obtainable " "

MOTHER

15. MAIDEN NAME: Julia Sweeny

16. BIRTHPLACE (city or town) (State or country): Not obtainable " "

17. INFORMANT: Miss Helen E. Berg

(Address) 2313 Arunah Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 11/16 19 33

19. UNDERTAKER: Kenny & Meaney Sons

(Address) 205 W. Fayette Street

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1933, to Nov 14, 1933

I last saw her alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 3.48 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Pictoris: Pulmonary oedema	

Other contributory causes of importance: (1)

Senile debility

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no If so, specify:

(Signed) Thomas H Shilds M. D.

(Address)

M. D. B. 1268-9

E 95326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95326

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 N. Calvert St. 11-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME EFFIE F. MYERS

(a) Residence: No. 1224 N. Calvert St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Myers

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt 59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Thaddeus S. Myers

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Lydia A. Myers

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Louis Armstrong

(Address) 224 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 16, 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..., 19... ... Registrar.

NOV 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1933

I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1933 to Nov 13th, 1933

I last saw her alive on Nov 13th, 1933 Death is said to have occurred on the date stated above, at 11.40 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X ... Date of Injury X ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dr. W. H. Mayers M. D.

(Address) 14 E. Read St.

M. D. B. 1268-9

95327

HEALTH DEPARTMENT—CITY OF BALTIMORE

95327

CERTIFICATE OF DEATH

1/31

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 28-61 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George P. Griffiss

(a) Residence: No. 360 Hillsdale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Riss Griffiss

6. DATE OF BIRTH (month, day, year) December 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert County (State or country) Maryland

FATHER

13. NAME James F. Griffiss

14. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Dorsey

16. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Nov 16, 1933

19. UNDERTAKER John F. Denny (Address) 210 Light St.

NOV 15 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1933, to November 13, 1933.

I last saw him alive on November 13, 1933. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, parenchymatous, chronic	Over 4 year
c Hypertension	
Cardiac hypertrophy & dilatation	
Other contributory causes of importance:	
Hemorrhage, cerebral	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. A. Abbott M. D.

(Address) U.S. Marine Hospital, Balto.

M. D. B. 1268-9

(LASZCZAK)

HEALTH DEPARTMENT—CITY OF BALTIMORE

95328

CERTIFICATE OF DEATH

106-001 95328

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 Elliot St. 1-01 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vincent James Laszczak

(a) Residence: No. 3035 Elliot St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) Sept 18-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Vincent Laszczak

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Katarzczak

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Vincent Laszczak
(Address) 3035 Elliot St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 11/15 1933

19. UNDERTAKER Edward Engle
(Address) 2811 Hudson St

Filed NOV 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1933 to Nov 14 1933

I last saw h.. alive on Nov 14 1933 Death is said to have occurred on the date stated above, at 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	Nov 1933
Other contributory causes of importance:	
Eclampsia	Nov 14

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Infantile

(Signed) [illegible] M. D.

(Address) 1010 S. Ellwood Ave

M. D. B. 1268-9

(Thomas Croggon)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 95328

Registered No. 95328

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave., St. 20-ed (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Thomas Croggon.

(a) Residence: No. 2566 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of Mrs L. Croggon.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10th 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Wm N. Croggon

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Elizabeth Stone

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Mrs. Anna Croggon

(Address) 2566 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Nov 17th 33 19

19. UNDERTAKER F. B. Wiltze & Son

(Address) 1852 W. Baltimore St.

20. FILED NOV 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th 1933 to Nov 13th 1933

I last saw h[illegible] alive on Nov. 13, 1933. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung intestine
Rupture of bowel

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 11/7/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) John C. Dunlap M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

E 95330

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95330

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 12-91 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred Cookman Leach

(a) Residence: No. 2632 N. Charles St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Elmira Leach

6. DATE OF BIRTH (month, day, year) May 4 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) Nov '33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Leach

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md

MOTHER

15. MAIDEN NAME Lucy Elizabeth Penn

16. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov 15 - 1933

19. UNDERTAKER J. B. Tippett & Son
(Address) 1300 Eutaw Place

20. FILED ..... 19 .....

NOV 13 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933 to Nov. 12 1933

I last saw him alive on Nov. 12 1933 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Aug. '33
Other contributory causes of importance: Toxemia	Nov. 10, '33

Name of operation Colostomy Date of Nov. 8, '33

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. H. Lane M. D.

(Address) Md. Gen. Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

95331 95331

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Pimlico Race Track St., Pimlico Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Wright

(a) Residence: No. Pimlico Race Track St., Pimlico Ward. Canada
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trainer of Race track
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11/33
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) England

MOTHER

13. NAME Robert Wright
14. BIRTHPLACE (city or town) (State or country) England

FATHER

15. MAIDEN NAME Eliz. Threlfall
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Mary B. Mason
(Address) 561 Hudson St Harford Town

18. BURIAL, CREMATION, OR REMOVAL
Place Pimlico Date 11/15 1933

19. UNDERTAKER John J. Johnston Co.
(Address) 1315 E. Lafayette Ave

20. FILED NOV 16 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/6, 1933, to 11/12, 1933

I last saw h... alive on Nov. 12, 1933 death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured aneurysm	11/12/33
Syphilis	
(1)	
Other contributory causes of importance:	
1	
Cirrhosis	
Pneumonia	
Apoplexia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) L. M. L. Currie, M. D.

(Address) So. Balto. Gen'l. Hosp.

Spec.—9-30—A. & Co.—250 Bks

E 95332 ✓ E 95332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1433 William ST. 24-01 WARD)

2. FULL NAME Mary E Carr

(a) RESIDENCE NO. 1433 William ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert E Carr

6 DATE OF BIRTH (month, day, and year) Nov 14, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	29 30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER James E. Delaney.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sally Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Robert E Carr
(Address) 1433 William St.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13, 1933.

17 I HEREBY CERTIFY. That I attended deceased from May 30, 1933. to Nov. 13 1933
that I last saw her alive on Nov 13, 1933
and that death occurred, on the date stated above, at 6 05 P. M.

The CAUSE OF DEATH* was as follows:

carcinoma of stomach
arteriosclerosis
myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) cardiac dilation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general

(Signed) Geo. A. Mayer M. D.

, 19 (Address) 3038 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 11/16 1933

20 UNDERTAKER J. J. Fahey & Son — ADDRESS 1318 Light St

M. H. B. 1268

E 95333 ✓ E 95333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N. Bradford St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William M. Smith

(a) Residence: No. 1715 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Smith

6. DATE OF BIRTH (month, day, year) Aug. 10th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James E. Smith

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Annie C. Smith

(Address) 1715 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL St. Matthews Cemetery Date Nov 17th 1933

19. UNDERTAKER Wm. H. Coale & Sons

(Address) 7401 Belair Road

20. FILED NOV 18 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 33 to Nov 14 33

I last saw him alive on Nov 14 1933 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Nov 1
Terminal Edema	30
Bronchopneumonia	
Acute Cardiac Dilatation	14

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

Address) 605 N. Bolton St.

M. D. B. 1268-A

E 95334 ✓ E 95334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Carrie W. Montague

(a) Residence: No. 3801 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Montague

6. DATE OF BIRTH (month, day, year) Nov. 19th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Kahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank L. Montague

(Address) 3801 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Nov. 16th 1933

19. UNDERTAKER Fredk. Eastham Sons

(Address) 7401 Belair Road

20. FILED NOV 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1933, to November 12, 1933

I last saw h[illegible] alive on November 12, 1933 Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetes mellitus	
2. Anemia uterine	
3. Terminal hypostatic pneumonia	

Other contributory causes of importance:

1. Arteriosclerosis
2. C.P.C. Luis - plan - etc.
3. Incl. neoplasm

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Waesmueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9 E 95335

✓ E 95335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4631 Keswick Rd St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 73 5 20

2. FULL NAME John Stokes

(a) Residence: No. 4631 Keswick Rd St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet Custer Stokes

6. DATE OF BIRTH (month, day, year): May 25 1860

7. AGE: Years 73 | Months 5 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tobacco Expert

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tobacco Mfg

10. Date deceased last worked at this occupation (month and year): Nov 10 1933

11. Total time (years) spent in this occupation: 15 yrs

12. BIRTHPLACE (city or town) (State or country): Chestertown Maryland

FATHER

13. NAME: Rev. Geo. Clement

14. BIRTHPLACE (city or town) (State or country): Balto Maryland

MOTHER

15. MAIDEN NAME: Emma Brown

16. BIRTHPLACE (city or town) (State or country): Chestertown Maryland

17. INFORMANT: Mrs. Laura G. Stokes (wife)

(Address) 4631 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: Nov 16 1933

19. UNDERTAKER: Stewart & Mourke

(Address) 1220 Harford Ave.

20. FILED: Nov 16 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1933 to Nov 14 1933

I last saw him alive on Nov. 14 1933. Death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

(a) Cirrhosis Pelvis

Other contributory causes of importance:

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick D. Green M. D.

(Address) 1127 E Calvert St

M. D. B. 1268-9

✓ E 95336

95336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 W Franklin St., 18-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matthews Bames

(a) Residence: No. 908 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) May 5 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) West Point Virginia

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bessie Watts.

(Address) 908 W Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 16, 1933

19. UNDERTAKER Mrs Katie R. Williams & Schroeder Inc.

(Address) Huntington Ave Baltimore Md

Nov 15 1933 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1933 to 11/13, 1933

I last saw him alive on 11/13, 1933 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis + myocarditis	3 mo,
Other contributory causes of importance: General Dropsy	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) David Francis M. D.

(Address) 124 W Lee

M. D. B. 1268-9

95337 E 95337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

208

Registered No. 15-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM J. LAMB

(a) Residence: No. 2811 Ridgewood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise W. Lamb

6. DATE OF BIRTH (month, day, year) March 25, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain, Baltimore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Louise W. Lamb
(Address) 3504 Rosedale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 17 1933

19. UNDERTAKER W. J. Jones & Son
(Address) 111 W. Mt. Royal Avenue

20. FILED 11-15-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1933 to 19

I last saw him alive on November 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-13, 1933

Where did injury occur? Corner Cold Spring Lane & Falls Road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fire Chief's Car

Manner of injury Fire Truck he was riding on collided with parked car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Thoms, M. D.
Coroner

(Address) 222 E. Madison St.

M. D. H. 1268-9

E 95338

95338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3334 Fairfield Rd. St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 21 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Zelia R. Powell. (C)

(a) Residence: No. 3334 Fairfield Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) August 24, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Clarence Powell. (C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Florence White. (C)

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMANT Florence Powell. (C) mother.
(Address) 3334 Fairfield Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Nov. 15 1933

19. UNDERTAKER [illegible]
(Address) 1515 Madison Ave

FILED 11/15/1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping cough.	
Broncho-pneumonia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Leinhardt Coroner, M. D.
11/14/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 95339

953394 / 27894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elinor Black

(a) Residence: No. Park & Prospect ave. St., ... Ward. Halethorpe Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 12-6-89

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43 ~~43~~	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Charles B Bailey

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Rose Dunn

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Date Nov 16 1933

19. UNDERTAKER

(Address)

Nov 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Nov 14, 1933

I last saw her alive on Nov 14, 1933 Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular nephritis	1930
Other contributory causes of importance:	
Anaemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maynichael Pilpman M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 95340

95340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward) 401

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benedetto Barranco

(a) Residence: No. 622 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa Barranco

6. DATE OF BIRTH (month, day, year) 5-23-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Rosa Barranco

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosa Barranco

(Address) 626 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date 11/16/33

19. UNDERTAKER E. S. Pippett

(Address) 300 Eutaw Place

Filed ..... 19..... Registrar.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95341 E 95341

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030. Hollins. St. St. 20-21 Ward)

Length of residenre in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsa E. Goutrain.

(a) Residence: No. 2030. Hollins. St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ---- ----------
(or) WIFE of ---- ----------

6. DATE OF BIRTH (month, day, year) Jan 10-1884. 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. File Clerck 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Goutrain.

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Helene Neuschaeffer

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT Mrs Mary Usinger.
(Address) 2030 Hollins. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 16 1933

19. UNDERTAKER E. Schuman & Son
(Address) 1039 Hanover St

NOV 15 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 20 1933, to November 13, 1933.

I last saw her alive on November 3 1933. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the body of uterus, metastasis - vaginal wall, Bladder, Kidneys. — Date of onset Not Known

Other contributory causes of importance:

uremia — 3 days

Name of operation none Date of .....

What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, state why .....

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

Spec.—2-29-28—L. F. S.—500 Blks.

E 95342

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95342

92-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 707 Belgian Ave ST. (27-01 WARD)

2—FULL NAME Katherine A. Miller

(a) RESIDENCE NO. 707 Belgian Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Stephen B. Miller

7 DATE OF BIRTH (month, day, and year): Jan 4, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

10 NAME OF FATHER: William McAvee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Connolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mr W. P. Miller

(Address): 707 Belgian Ave.

Filed: 5 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 13, 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov 13, 1933

that I last saw her alive on Nov 13, 1933

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Goitre

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? clinical

(Signed) [illegible], M. D.

11/15, 1933 (Address) 20 20 N. Charles.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown, Balto. County

DATE OF BURIAL: Nov. 15, 1933

UNDERTAKER: E. Leroy Staffer & Co.

ADDRESS: 125 E. North Ave.

M. D. B. 1268-9

95343

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E 95343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-01 St., Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Lyons

(a) Residence: No. 319 N. Hoffman St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Black	Female	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 10/6/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Austen Edwards

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Tansell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Nov 16 1933

Place Lorraine Cem Date

19. UNDERTAKER Edward O'Brien

(Address) 1800 Bond St

20. FILED 11-17-1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25-1933 to 11-13-1933

I last saw her alive on 11-13-1933. Death is said to have occurred on the date stated above, at 2:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	10-24-33
Congenital Intestinal Stricture	
~~Scirrhous Adenoma~~	
Intestinal Perforation	
Localized Peritonitis	

Other contributory causes of importance:

Secondary Anemia

Name of operation Resection Cancerous Intestine Date of 11-2-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert E. Davis M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 95344

95344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N. Bentalou St. 6th Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Henry Underwood

(a) Residence: No. 1034 N Bentalou St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Underwood

6. DATE OF BIRTH (month, day, year) April 9th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlet & Hayward

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Martha Underwood

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ida Underwood
(Address) 1034 N Bentalou st

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Nov 16, 1933

19. UNDERTAKER Towell & Byrd
(Address) 2904 Edmondson Ave

NOV 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Nov 13, 1933

I last saw him alive on Nov 13, 1933. Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Hemiplegia (Hypostatic)
Chr Interstitial Nephritis
Senility

Other contributory causes of importance:

Coroner Ordered

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Norbert A Kalich, M. D.

(Address) 2151 Madison Ave

Spec.—12-9-25—A Co.—200 Bks.

95345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95345

CERTIFICATE OF DEATH.

√ 23

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2510 E. Fairmount Ave. St. 6-01 Ward)

2-FULL NAME Dallas Evans

(a) RESIDENCE NO. 2510 E. Fairmount Ave St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If ~~married, widowed~~, or divorced (or) WIFE of Michael Evans

6 DATE OF BIRTH (month, day, and year) June 26, 1906.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Redman,

(State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER Robert E. Clark.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Plum Creek, Pa.,

12 MAIDEN NAME OF MOTHER Minnie C. McCabe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Osceolorsa, Iowa.

14 Informant Rev. Harold H. Donegan

(Address) 2900 E. Fayette St.

Huntington Williams, M.D. Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 14/ 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 19 33, to Nov. 14, 19 33, that I last saw h.. alive on Nov. 14, 19 33, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) 2942 Fayette E.

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

Date of Burial Nov 16 1933

20 UNDERTAKER Palmer H. Coughlin

ADDRESS 2942 Fayette E.

M. H. R. 1268-9

95346

298196

Med

✓ E 95346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rachel Townsley

(a) Residence: No. 212 S Eden St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

20

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter (name)

6. DATE OF BIRTH (month, day, year) Jan. 2 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Isaac McKenzie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Tilmore

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Newark N. J. Date 11/15 19 33

19. UNDERTAKER Mary M. Medefeld

(Address) 501 E. Fayette St. Baltimore, Md.

15 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14 19 33

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 19 33 to Nov. 14 19 33

I last saw her alive on Nov. 14 1933 Death is said to have occurred on the date stated above, at 3 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	25 yrs.
Mitral stenosis & insufficiency	
Aortic insufficiency; cardiac	
hypertrophy & dilation. Auricular	
fibrillation. Myocardial failure	10 mos.

Other contributory causes of importance:

Bronchopneumonia, terminal

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chevrier Kirkwood Wilkinson, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 95347

95347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3044 Dillon St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Cordelia O. McKay

(a) Residence: No. 3044 Dillon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert S. McKay

6. DATE OF BIRTH (month, day, year) Jan. 10, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James McCormick

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary A. Rorke

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT James H. McKay

(Address) 3009 Gwynns Falls Pkwy.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 16, 1933

19. UNDERTAKER Mrs. C. Black

(Address) 927 N. Broadway

5 1933 Huntington Pittsburgh, Pa.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30th. 1933 to Nov. 13th. 1933

I last saw her alive on Nov. 13, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebro-pneumonia	10/28/33

Other **contributory causes** of importance:

None

Name of operation None. Date of

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David W. Jones, M. D.

(Address) 1011 S. Edward Ave.

M. D. B. 1268-9

E 95348

95348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Miller

(a) Residence: No. 109 Asquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver Gd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Dietler

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Balto City Hospitals
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 15. 1933

19. UNDERTAKER Peter C. Miller
(Address) 1825 E. Oliver St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 7/18 1933, to 11/14 1933

I last saw him alive on 11/14 1933 Death is said to have occurred on the date stated above, at 1:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & parenchymatous nephritis	?
	6 wks

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. P. Burns, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

V E 95349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95349

124-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Rusinek

(a) Residence: No. 614 S Chapel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Rusinek

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Rusinek

(Address) 614 S Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 17 1933

19. UNDERTAKER John C. Miller

(Address) 1436 E. Biddle St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial failure	

Other contributory causes of importance:

Chronic Myocarditis

Hypertension

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.

Coroner

(Address)

M. D. B. 1268-9

95350 ✓E 95350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N. Collington Ave St., 6-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Topper

(a) Residence: No. 222 N Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, year): April 6 - 1865

7. AGE: Years 68 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Harold Topper
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Edith Shetter
(Address) 222 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place York Pa Date Nov 16 1933

19. UNDERTAKER: John E. Miller
(Address) 2435 E. Oliver St Huntington Terrace, Balt

FILED NOV 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 14 1933 19

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to NOV 14 1933 19.....
I last saw him alive on NOV 14 1933 19..... Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenza.	
Myocarditis	July 1933
Other contributory causes of importance:	
Uraemia	3 Days
Toxic absorption	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward Covell M. D.

(Address) 413 N Washington

M. D. B. 1268-9

E 95351

HEALTH DEPARTMENT—CITY OF BALTIMORE

95351

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3526 Edmondson St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antonette Ebaugh

(a) Residence: No. 3526 Edmondson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Devere Ebaugh

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Silas Ridgely

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME — Stall

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Devere Ebaugh

(Address) 3526 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 11/16, 1933

19. UNDERTAKER Harry H. Whitlock

(Address) 401 [illegible] Huntingdon Tennessee, Md

51933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

M. D. B. 1263-6

✓ E 95352

95352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1445-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Olivia Lannon

(a) Residence: No. Gough Stone North Pt Rd. Colgate St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Lannon

6. DATE OF BIRTH (month, day, year) Jan. 9 - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME James Hartman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Lula Smith

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Raymond Lannon
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Flemington Pa. Date Nov. 17 1933

19. UNDERTAKER John S. Connelly
(Address) Essex Md.
Huntington Williamsport Pa.

20. FILED 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14 1933

22. I HEREBY CERTIFY, That I attended deceased from October 13 1933 to November 14 1933

I last saw h[er] alive on November 14 1933 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Infection	
Other contributory causes of importance:	
Placenta Previa	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. W. Dorsey M. D.

(Address) University Hospital.

M. D. B. 1268-B E 95353 ✓ E 95353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Rosekemp Ave St., 27-al Ward)

Length of residence in city or town where death occurred 76 yrs. , mos. ds. How long in U. S. If of foreign birth? 76 yrs. mos. ds.

2. FULL NAME Louisa Schmidt

(a) Residence: No. 3312 Rosekemp Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William E. Schmidt

6. DATE OF BIRTH (month, day, year) April 27. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Karl Gritchner

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State of country) Germany.

17. INFORMANT Clara L. Kanderer
(Address) 3312 Rosekemp Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 16 '33

19. UNDERTAKER Mrs. Mrs. John W. Gentel & Son
(Address) 801 N. Fayette Street

NOV 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st , 1929 to Nov 14th , 1933

I last saw her alive on Nov 13th , 1933. Death is said to have occurred on the date stated above, at 2.55 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis

Date of onset 1-1-29

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) K. K. Gordy M. D.

(Address) Norford Rd & Lauraldale 11-14-33

M. D. H. 1268-9

E 95354

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95354

CERTIFICATE OF DEATH

194-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph M. Thompson

(a) Residence: No. 1402 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Thompson

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benj. Thompson

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sadie Hurley

(Address) 1403 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Rational cem Date 11-16 193

19. UNDERTAKER Byron & Morris W. Wright

(Address) 218 Pac & Ferry St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 11/11 19 33

Where did injury occur? Pac & Ferry

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck by car

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 2739 Eutaw ...

M. D. B. 1268-9

E 95355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95355

CERTIFICATE OF DEATH

67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Gwynn Ave. St., 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gordon Aiken Crawford

(a) Residence: No. 415 Gwynn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Hume Crawford

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Gladys Aiken

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. James H. Crawford
(Address) 415 Gwynn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov. 16 33

19. UNDERTAKER Wm. J. Tickner & Son
(Address) Woodlawn

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1933 to Nov. 14 1933

I last saw h alive on dead 11/14 1933 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Persistent Thymus

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Guy H. Cromwell M. D.
Coroner

(Address) 203 Patapsco Ave.

M. D. B. 12650 E 95356

E 95356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Granada Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marguerite Ann Groth

(a) Residence: No. 3007 Granada Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 12-1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	3|2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Fredk H. Groth

14. BIRTHPLACE (city or town) (State or country) Minn

MOTHER

15. MAIDEN NAME Anne N. Blake

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fredk H. Groth

(Address) 3007 Granada Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 16 1933

19. UNDERTAKER Wm J Tuckerson Son

(Address) Woodlawn Va

20. FILED NOV 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1933, to Nov 15, 1933

I last saw her alive on Nov 15, 1933 Death is said to have occurred on the date stated above, at 11.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Liver (Malignant)	11-5-33

Other contributory causes of importance:

Cyanosis - General

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Lovard Warner M. D.

(Address) 2607 Harrison Blvd

M. D. B. 1268

E 95357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95357

CERTIFICATE OF DEATH

95-001

Registered No. 95-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 Gwynns Falls Pkwy St., (or Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 7 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anna Naumann

(a) Residence: No. 3036 Gwynns Falls Pkway St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Naumann

6. DATE OF BIRTH (month, day, year) Mar. 22, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Albert Ehlers.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Engeler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edw. J. Naumann

(Address) 2027 E. 31 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov. 17 19 33

19. UNDERTAKER Wm. H. Coleman Sons

(Address) North & Fulton Aves

20. FILED NOV 16 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1933 to Nov. 14th, 1933

I last saw h[er] alive on Nov 14th, 1933. Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	
Cardiac failure	

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

E 95358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95358

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Callaway Ave. St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Kate E. McClean

(a) Residence 3702 Callaway Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. Wm. McClean

6. DATE OF BIRTH (month, day, year) Aug. 1, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME R. James North

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Frances E. Parrott

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Grace Miller

(Address) 3702 Callaway Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Nov. 18, 1933.

19. UNDERTAKER Wm. E. Black

(Address) 927 N. Broadway

20. FILED NOV 18 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16th, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 5th, 1933, to November 16th, 1933.

I last saw her alive on November 14, 1933. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1931
Other contributory causes of importance: Metastatic Carcinoma of Intestines	8/5/32

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Lunderhill, M. D.

(Address) 1117 Mercantile Bldg.

M. D. B. 1268-9 E 95359

E 95359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

177

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Lakeside Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Joseph Fetter

(a) Residence: No. 1501 Lakeside Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Fetter

6. DATE OF BIRTH (month, day, year) Oct. 24, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inventor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 do

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Carl J. Fetter

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Annie Zuker

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Minnie Fetter
(Address) 1501 Lakeside Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date Nov. 17, 1933

19. UNDERTAKER HENRY SANDER & SON, INC. H. Sander
(Address) Broadway & Baltimore

20. FILED Nov 18 1933 Registrar.

NOV 18 1933

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1933 to Nov 14 1933

I last saw h alive on Nov 14 1933 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Insufficiency	Nov 14/33
Other contributory causes of importance: Acute Toxic Gastritis (Ptomaine)	Nov 13/33

Name of operation None Date of

What test confirmed diagnosis? Phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C H Meyer & M. D.

(Address) 1520 E. 33rd St.

Cor. 11-9-45 500 Bks.

E 95360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95360

M

210-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred In a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore Gen Hospital St., 16 Ward)

2-FULL NAME Hiram H. Spicer Jr

(a) RESIDENCE NO. 1923 W Lanvale St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara K

6 DATE OF BIRTH (month, day, and year) June 11 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or.... min.
	76	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

10 NAME OF FATHER Geo W. Spicer

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Hershey

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

Informant Hiram Spicer Jr

(Address) 1923 W Lanvale

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured right tibia + fibula
Broncho Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Automobile Accident

Hit by auto 11/4/33 while crossing Edmondson Ave (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Pikarski M.D.
(Coroner)

, 19 (Address) 2200 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial Nov 18 1933

20 UNDERTAKER Geo M Little ADDRESS 2700 Edmondson Ave

M. D. B. 1268-9 E 95361 E 95361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 132002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Sq. Hosp. St., 11 Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norman L. Barry / Barry /

(a) Residence: No. 847 N. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Norman L. Barry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Nell Burton Cornwell

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Norman L. Barry
(Address) 847 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 11/17, 19 33

19. UNDERTAKER Harry H. Nitzke
(Address) 4101 Edmondson Ave

20. FILED ..... 19 .....
Registrar.

NOV 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 19 33 to 11-15, 19 33

I last saw him alive on 11-15, 19 33 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute primary midbrain disturbance	
Other contributory causes of importance:	
bronchopneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Dr. I. Rubin M. D.

(Address) Franklin Sq. Hosp.

M. D. B. 1268-9

E 95362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95362

CERTIFICATE OF DEATH

13-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Sq. Hosp.

CITY OF BALTIMORE: (No. 18-01 St., 18 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margie R. Parry (Parry)

(a) Residence: No. 847 W. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2		7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Norman G. Parry

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Nell Burta Cornwell

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Norman G. Parry
(Address) 847 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 11/17 1933

19. UNDERTAKER Harry H. Witzke
(Address) 4101 Edmondson Ave

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1933 to 11-15, 1933

I last saw h~~im~~ alive on 11-15, 1933 Death is said to have occurred on the date stated above, at 12 30 ~~p~~m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, acute	
Malnutritional disturbance	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Rubin M. D.

(Address) Franklin Sq. Hosp.

V 10 1933

M. D. B. 1268-0 E 95363 E 95363

HEALTH DEPARTMENT—CITY OF BALTIMORE

276204 ✗ ✓ 122-002

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Saunders

(a) Residence: No. Leonard Town Md St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/15/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Saunders

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Sanner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Pk. Date 11/17, 1933

19. UNDERTAKER Harry H. Ritchie
(Address) 4101 Edmondson Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1933, to Nov. 15, 1933

I last saw her alive on Nov. 15-33, 19..... Death is said to have occurred on the date stated above, at 5.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1'
Carcinoma	10-33

Other contributory causes of importance:

Name of operation Exploratory Date of 10-31-33

What test confirmed diagnosis? ..... Was there an autopay? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1868-9 E 95364

E 95364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 Jefferson St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Jelinek

(a) Residence: No. 2430 Jefferson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Josephine Jelinek

6. DATE OF BIRTH (month, day, year) June 3/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Laurence Jelinek

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Jungbauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Josephine Jelinek

(Address) 2430 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Nov 17, 1933

19. UNDERTAKER Philip Henry Sons

(Address) 2116 Pennsylvania Ave

20. FILED ..... 19 .....

Registrar.

NOV 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933 to Nov 14, 1933

I last saw him alive on Nov 14, 1933 Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia - (nephritis)	Nov 12
cardio - vascular - renal - arterio - sclerosis + hypertension	1 yr - 1 yr -
Other contributory causes of importance:	
diabetes	1 yr
aortic insufficiency	1 yr -

Name of operation ..... Date of .....

What test confirmed diagnosis? Urin - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If so, specify

(Signed) Louis H. Krumm M. D.

(Address) 722 W. Lemmon Ave

M. D. B. 3265-9 E 95365

E 95365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 Normal Ave St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Schmissmund

(a) Residence: No. 1648 Normal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Schmissmund

6. DATE OF BIRTH (month, day, year) Feb. 1/1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME — — Vahle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME — — —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Philip Schmissmund

(Address) 1648 Normal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Nov 17, 1933

19. UNDERTAKER Philip Henry Lord

(Address) 2616 Eutaw pl

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/12/33, 19 to 11/13/33, 19

I last saw h.e alive on 11/13/33, 19. Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cer. Sc. C. Myocarditis,	
End. Art. Obst.	3 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard J. Terry, M. D.

(Address) 4610 Clanton

M. D. B. 1268-0

E 95366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95366

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 842 Greenmount Ave St., 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Wright

(a) Residence: No. 842 Greenmount St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

FATHER

13. NAME John T. Wright
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Engleman
16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Mrs. Margaret Wright
(Address) 842 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Date Nov. 17 1933

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3 days

Other contributory causes of importance:

Acute Bronchitis 3 days

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James M. Hunter M. D.
Coroner
(Address) 700 Cathedral St

M. D. B. 1068-0 E 95367 E 95367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Ensor Street St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary McCabe

(a) Residence: No. 914 Ensor Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles McCabe

6. DATE OF BIRTH (month, day, year) Dec 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
63	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. E. Breene
(Address) 914 Ensor Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 17 19 33

19. UNDERTAKER Rita Winkfield
(Address) [illegible]

20. FILED ... (Date) ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Yr 1922 19 ... to Nov 14 ... 1933

I last saw her alive on Nov. 14. 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	13 yrs
Chronic Probably Carcinomatous Cystitis	2 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Mary F. Voegtly M. D.

(Address) 1028 Fulton St

E 95368

1-20—M. & T.—200 B—50L

E 95368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 24-01 WARD)

2-FULL NAME Jacob Land

(a) RESIDENCE NO 132 E. Barney ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Land

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 066
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Meyer Land

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Katz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mary. Land

(Address) 132 E. Barney St

15

Filed ..... 192 ..... Registrar

NOV 16 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wagner Hellrd, M. D. Coroner

11/15, 1933 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dolores Rosedale

20 UNDERTAKER Sol Robinson & Bro

DATE OF BURIAL Nov. 16. 1933

ADDRESS 1127 E Baltimore St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95369 E 95369

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 St. Johns Rd. St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A. Fleckinschildt

(a) Residence: No. 708 St. Johns Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry b. Fleckinschildt

6. DATE OF BIRTH (month, day, year) Aug. 31 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James B Oggs

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME — Lorey

16. BIRTHPLACE (city or town) (State or country) dont know

17. INFORMANT Henry b Fleckinschildt
(Address) 703 St Johns Road

18. BURIAL, CREMATION, OR REMOVAL
Place David Ridge Date Nov 17, 1933

19. UNDERTAKER John S. Morgan
(Address) 3000 E. Eager St.

20. FILED NOV 16 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/24/33, 19..., to Nov 5, 1933. I saw h... alive on Nov 5 1933. Death is said to have occurred on the date stated above, at 730 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arteriosclerosis.	5 yrs ago

Other contributory causes of importance:

Hypostatic Pneumonia	Nov/33

Name of operation none. Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) J. W. Clark M. D.

(Address) 5007 Park Heights Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95370 E 95370

CERTIFICATE OF DEATH

Registered No. 15-01 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Ridgewood Ave St.) (Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? 41 yrs. mos. ds.

2. FULL NAME Lena Katzin

(a) Residence: No. 2907 Ridgewood Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Estranged

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Helen Katzin

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Date 11/16/33 19

19. UNDERTAKER Just Jews Inc

(Address) 1439 E Baltimore St

Filed NOV 16 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1933 to Nov. 15 1933

I last saw h[illegible] alive on Nov. 15 1933 Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	1930

Other contributory causes of importance:

General Metastasis	about Feb 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

1210 Appleton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95371 E 95371

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1649 N. Appleton St St., 15-91 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 31 yrs. ... mos. ... ds.

2. FULL NAME Jennie Caplan

(a) Residence: No. 1649 N. Appleton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 11/16/33 19...

19. UNDERTAKER Saul Levin Inc
(Address) 1454 E Baltimore St

NOV 16 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 19 ... to Nov 15 ... 19 33.

I last saw h[illegible] alive on Nov 15 19 ... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Breast	May 1932

Other contributory causes of importance:

Acute Lung	02

Name of operation Breast Amputation Date of May 33

What test confirmed diagnosis? Microscopic Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... M. D.

(Address) 2040 Eutaw

M. D. H. 1268-9

E 95372 E 95372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 75

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 861 W. North Ave St., 14-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Davis Crenshaw Jr.

(a) Residence: No. 861 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary P. Nottingham

6. DATE OF BIRTH (month, day, year) Aug 17-1893

7. AGE Years 40 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME John Davis Crenshaw
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Ella Richardson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Crenshaw
(Address) 861 W North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Christeansburg Va Date Nov 17, 1933

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1700 Eutaw Pl

20. FILED NOV 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner

(Address)

Spec.—12-9-25—A Co. 200

E 95373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95373

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1109 Sargent St. 21-01 Ward)

2-FULL NAME Matilda Barbara Wunder

(a) RESIDENCE NO. 1109 Sargent St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank J. Wunder

6 DATE OF BIRTH (month, day, and year): June 29 1862

7 AGE: Years 71 | Months 4 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

10 NAME OF FATHER: John Brehm

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Kart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Frank J Wunder 1109 Sargent St

15 Filed 11/17 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 14, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1933, to Nov. 14, 1933, that I last saw her alive on Nov 14, 1933, and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 23 ds.

CONTRIBUTORY (Secondary) Broncho - Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Storey Gate, M. D.

, 19 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial 11/17 1933

20 UNDERTAKER: Bernard C Hark ADDRESS 1000 Pace St

M. D. B. 1268-9

E 95374

95374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Embassador Apts St. 12-21 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Aaron M Billstein

(a) Residence: No. Embassador Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maysville Ky

FATHER

13. NAME Leberecht Billstein

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Laura Loeblein

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Ella Billstein
(Address) Embassador Apt.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Pk. Date 11-14 1933

19. UNDERTAKER Wilbur Cook Co
(Address) 2115 E Fayette St

Huntington Funeral Home, Inc.
Registrar.

FILED
NOV 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1933 to Nov. 15, 1933

I last saw h.im alive on Nov. 15, 1933 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	about 2 yrs ago
Other contributory causes of importance: Arteriosclerosis	some yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore H. Monson M. D.

(Address) 1013 N. Charles St

M. D. B. 1268-9

E 95375

95375 16

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Length of residence in city or town where death occurred 5/12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Dorsey

(a) Residence: No. 1423 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/1/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucy Curtis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Nov 17, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1302 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933 to Nov 14, 1933

I last saw her alive on Nov 14, 1933 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Pertussis	Unk.

Other contributory causes of importance:

Cirrhosis of liver	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Mayer S. Hurst M. D.

(Address) Johns Hopkins Hosp

Spec.—9-30—A. & Co.—250 Bks.

E 95376

95376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1331 N. Calhoun ST. 15-01 WARD)

2-FULL NAME Oscar frederick Smallwood

(a) RESIDENCE NO. 1331 N Calhoun ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charles Co
(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Smallwood

11 BIRTHPLACE OF FATHER (city or town) Charles Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Campbell

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Rebecca Smallwood
(Address) 1331 N Calhoun St

15 Filed ..... 19 ..... Registrar

NOV 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14/33

17

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933, to Nov 14, 1933

that I last saw him alive on Oct 24, 1933

and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) E. William Frey M. D.

11/15 1933 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL Nov 17 1933

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Freeman St

M. D. B. 1268-9

E 95377 ✓ E 95377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (TB.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 14-C Ward)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth?..yrs..mos..ds.

2. FULL NAME Calvert White

(a) Residence: No. 1830 Pennsylvania ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	28	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur-waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown (23)

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Isaac White

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nellie White

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Nov 17 1933

19. UNDERTAKER Thomas E. Kelly
(Address) 1393 Pennsylvania ave Huntington Terrace, Md.

20. FILED G1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to Nov. 14, 1933

I last saw h.. in allve on Nov. 14, 1933. Death is said to have occurred on the date stated above, at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 95378

E 95378

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 E. 41st St. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca F. Lehman

(a) Residence: No. 502 E. 41st St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John E. Lehman

6. DATE OF BIRTH (month, day, year) Dec. 4 - 1852

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bayne Pennsylvania

FATHER

13. NAME Jacob Fisher

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Rebecca Klein

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Edith L. Bartlett
(Address) 502 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Annville, Pa. Date Nov. 18. 1933

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED NOV 16 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1933 to Nov. 15 1933

I last saw h.. alive on Nov. 14 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Endocarditis	Several years ago.

Other contributory causes of importance: Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

(Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carl F. Benson M. D.

(Address) 511 York Rd.

M. D. B. 1268-9

95379

HEALTH DEPARTMENT—CITY OF BALTIMORE

95379

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Declared dead at Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 3-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Frazier

(a) Residence: No. 218 S. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5/1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Longford, Fla.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen ?????

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Esther McLaughlin
(Address) 218 S. Dallas St

18. BURIAL, CREMATION, OR REMOVAL.
Place National Cem. Date Nov 17, 1933

19. UNDERTAKER Robert F. Weishaar & Son
(Address) 15-25 W. Lexington St

16 1933 Hunter-Lee Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance: Undetermined	

Name of operation ..... Date of ..... What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? Taken ill 419 N. Spring
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph H. Beyer, M. D.
Coroner
(Address) 608 E. North Ave

M. D. H. 1268-9

E 95380

95380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Eastburne Ave Clinic St., 7-01 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Szugay

(a) Residence: No. 412 S Curtain Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stanislava Szugay

6. DATE OF BIRTH (month, day, year) July 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER 13. NAME Mat Szugay

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER 15. MAIDEN NAME Kenkawen

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislava Szugay
(Address) 412 S Curtain Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date NOV 17, 1933

19. UNDERTAKER John M Welsh
(Address) 1 W Lexington St Baltimore, Md

Nov 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Multiple Accidental Injuries

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Nov , 1933

Where did injury occur? Eastburne
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Accidental Fall

Nature of injury Bruised

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner

(Address)

M. D. B. 1268

E 95381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95381

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 E. Chase St., 8-01 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella J. Brightner

(a) Residence: No. 1716 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: late Joseph Brightner

6. DATE OF BIRTH (month, day, year): Feb 10/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

FATHER

13. NAME: James Green

14. BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

MOTHER

15. MAIDEN NAME: Mary Gorsuch

16. BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

17. INFORMANT: Mrs. Susie Schaefer (daughter)
(Address): 1716 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place: [illegible] Date: [illegible] 1933

19. UNDERTAKER: [illegible]
(Address): [illegible]

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 15/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above at 12.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	
Other contributory causes of importance: Fracture right clavicle	Oct 31/3

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 31. 33

Where did injury occur? 1716 N. Castle St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: In home- Slipped on floor of dining room.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] Coroner, M. D.

(Address) 5086 Norwood

M. D. H. 12-19 E 95382 ✓ E 95382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3555 S.3rd St. Brooklyn St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ~~mos.~~ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry W. Ringler.

(a) Residence: No. 3555 S.3rd St. Brooklyn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE~~ of Amanda Ringler.

6. DATE OF BIRTH (month, day, year) February 7, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME Frank Rungler.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Harry F. Ringler. (son)
(Address) 3555 S.3rd St. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL
Place Augusta Lutheran Burial Com Date Nov 18th 1933
Dupuy Pa
Wm Cook
1217 St Paul St

19. UNDERTAKER
(Address)

20. FILED Nov 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 12.30 p. m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt Coroner M. D.

11/15/33 (Address) 1017 N. Charles st.

M. D. B.-1268-9

E 95383

✓ E 95383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4413 Falls Road St., 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Clark

(a) Residence: No. 4413 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. P. Clark.

6. DATE OF BIRTH (month, day, year) Nov 24-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John T. Nichols

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Francis Hubbard

16. BIRTHPLACE (city or town) (State or country) Madison Md

17. INFORMANT Thos P. Clark

(Address) 4413 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov 18 1933

19. UNDERTAKER Wm Bolt

(Address) 1317 St Paul St

FILED NOV 17 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at 3.45 a m

The principal cause of death and related causes of importance were as follows:

Date of onset

Jobular Disease of Heart

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) [illegible] M. D.

(Address) 1632 Rolandcor

M. D. R. 1268 (5) E 95384 Benjamino ✓ E 95384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH Pronounced dead at Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Benjamino

(a) Residence: No. 349 E 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria B. Benjamino

6. DATE OF BIRTH (month, day, year) Oct 3rd 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Rocko Benjamino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mario B. Benjamino
(Address) E 349 E 27th St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 18th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Coronary thrombosis

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. B. 1268-e

E 95385

E 95383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Aisquith St., 9-01 Ward)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan J. Clark

(a) Residence: No. 1516 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John P Clark

6. DATE OF BIRTH (month, day, year) Mar 1st 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME Henry Kendall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice McCarr

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mary Moran 1615 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross (Harford Rd) Date Nov 18th 1933

19. UNDERTAKER (Address) Wm Cook 1217 E Fayette St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16/33 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25 - 19 33 to Nov. 16 - 19 33

I last saw h- alive on Nov. 15 - 19 33 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - sclerotic	1932

Other contributory causes of importance:

Name of operation None Clinical Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edwin B. Fenby M. D.

(Address) 3522 Freemount Ave

See instructions on back of certificate.

M. D. B. 1268-9 E 95386 ✓ E 95386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 Dolphin St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Williams

(a) Residence: No. 152 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fm | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos.

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Blackwood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maria Frizzell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thos Williams

(Address) 152 Dolphin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date Nov 17 1933

19. UNDERTAKER Chas Alexander

(Address) 1034 McCulloh St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast 3 months — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address)

M. D. B. 1263-9

E 95387

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95387

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (TB)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Hinton

(a) Residence: No. 321 W. Hoffman st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 28, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0 00

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Gates North Carolina

FATHER

13. NAME Noah Hinton

14. BIRTHPLACE (city or town) (State or country) Gates North Carolina

MOTHER

15. MAIDEN NAME Susie Savage

16. BIRTHPLACE (city or town) (State or country) Gates North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. W. Woodlawn Date 11/17, 1933

19. UNDERTAKER Isaac W. Eddens
(Address) 1736 W. Biddle

FILED NOV 17 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to Nov. 12, 1933
I last saw h... alive on November 12 1933 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

E 95388 ✓ ME 95388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas W. Henry

(a) Residence: No. 427 Hoover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) March 6, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scott City, Mo

FATHER

13. NAME Thos Henry

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Martha J. Watkins

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Fannie Davis

(Address) 1239 N. Dallas St

18. BURIAL—CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 17 . 1933

19. UNDERTAKER Jno. H. Chase & Son

(Address) 638 N. Eutaw St

20. FILED Nov 17 1933 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 . 19 . to . 19

I last saw him alive on Nov. 13 . 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/11 . 1933

Where did injury occur? In front of 411 E North Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto, while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1220 E Madison St

Spec.—1-30—M. & T.—25M Blk E 95389

E 95389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 N. Carey ST. 16-01 WARD)

2-FULL NAME Caleb Anderson

(a) RESIDENCE NO. 1106 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Anderson

DATE OF BIRTH (month, day, and year) Nov 20 1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	1	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Ol'y

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Belair Md

10 NAME OF FATHER Amos Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Mary E Anderson

(Address) 1106 N. Carey St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-14-33

17

I HEREBY CERTIFY, That I attended deceased from 11-9-, 1933, to 11-14-, 1933,

that I last saw h[illegible] alive on 11-14-, 1933,

and that death occurred, on the date stated above, at 11:59 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ..... yrs. ..... mos 5 ..... da.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension

[illegible] (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? At place of decease

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Frank T. Saunders M. D.

11-16, 1933 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Nov. 18, 1933

20 UNDERTAKER Sam'l H. Crane & Son — ADDRESS 638 N. Eutaw

M. D. B. 1268-9

E 95390

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95390

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 335 S Paul St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Wallace Bush

(a) Residence: No. 335 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Bush

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	Feb.	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Bush

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. Bush
(Address) Hamilton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cem Date 11-18th 1933

19. UNDERTAKER Bryson & Mimi Jr Inc
(Address) 1218 Eastern Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said I last saw h... alive on ... 19... to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Thrombosis	
(b) Cerebral Hemorrhage	
(c) Traumatic Pneumonia	

Other contributory causes of importance: Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place accidental fall down stairs

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) James M Hartman, M. D. Coroner

(Address) 700 Cathedral

M. D. F. 1968-A E 95391 ✓ E 95391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

190

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 5-81 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Jerry Moroney

(a) Residence: No. Front & Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Unk. Unknown

17. INFORMANT Anna Virginia Brown
(Address) 1204 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date 11/17 1933

19. UNDERTAKER J. J. Flaherty & Son
(Address) 1318 Light St

20. FILED NOV 17 1933 By Hunting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-9- 1933 to 11-15 1933

I last saw him alive on 11-15 1933 Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hangnail with foot following frost bite	11/1/33

Other contributory causes of importance:
Gen. Exhaustion

Name of operation: Sub temputation Date of 11/15/33

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Merkel M. D.

(Address) St Agnes Hosp

Instructions on back of certificate.

M. D. B. 1268-A

E 95392 ✓ E 95392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 McCulloh St., 11-01 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Rogers

(a) Residence: No. 927 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Rogers

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. BIRTHPLACE (city or town) (State or country) Md

MOTHER

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas. Evans

(Address) 927 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Grand Rapids Cem Md Date Nov 17 1933

(Casket)

19. UNDERTAKER Calvert Sanders

(Address) 1413 E. Preston St

20. FILED Nov 17 1933 [illegible] Registrar.

V 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14/33 19

22. I HEREBY CERTIFY, That I attended deceased from 11/11/33, 19..., to 11/14/33 19...

I last saw her alive on 11/14/33 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/11/33
Nephritis	

Other contributory causes of importance:

Very short illness. Nobody to blame or sue.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 927 McCulloh

Instructions on back of certificate. This is very important. See

M. D. B. 2268-9

E 95393 ✓ E 95393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 Bachman

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Foster ave St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leocadia Nuedling

(a) Residence: No. 3321 Foster ave St., 2E Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alois Nuedling

6. DATE OF BIRTH (month, day, year) Dec. 7th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen Knorr

(Address) 618 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date 11/18 19 33

19. UNDERTAKER Lilly & Wilkinson

(Address) 403 W. Lafayette Ave

20. FILED 19 Hunting for Title Registrar

17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 - 1933 to Nov 15 - 1933

I last saw h[illegible] alive on Nov 15 1933 Death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bronchus -	1933
Metastatic Carcinoma	
of left Humerus & femur	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ulrich J. Eschmann M. D.

(Address) 3587 East Ave

M. D. B. 1208-9

E 95394 ✓ E 95394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH West Balto. General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Longwood & Lombard St., 70-1 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 46 yrs. ... mos. ... ds.

2. FULL NAME Anna Nickel

(a) Residence: No. 4610 Holabird Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Nickel

6. DATE OF BIRTH (month, day, year) Oct 30 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Hustert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John Nickel (Address) 4610 Holabird Ave

18. BURIAL, CREMATION, OR REMOVAL Most Holy Redeemer Cem. Nov. 18. 1933
Place Date 19

19. UNDERTAKER Henry Sander & Sons. Inc. Henry F. Sander,
(Address) Baltimore & Broadway.

20. FILED NOV 17 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from November 14 1933 to November 16 1933

I last saw h.. alive on November 16 1933 Death is said to have occurred on the date stated above, at 6.12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	11/11/33

Other contributory causes of importance:

1. Diabetes Mellitus	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Leon Ashman, M. D.

(Address) W. Balto. Gen. Hosp.

Instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95395 E 35395

CERTIFICATE OF DEATH

135

1. PLACE OF DEATH Good Shepherd Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmor St., 18 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Busby Haley

(a) Residence: No. 1012 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Addison Haley

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Husband
(Address) 1012 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Filed Mar Cem Date 11/17 19 33

19. UNDERTAKER Samuel Hemsley
(Address) 515 N Bradford St

FILED 11/17/1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14- 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-5- 1933 to 11-14- 1933

I last saw her alive on 11-14- 1933 Death is said to have occurred on the date stated above, at 11:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	11-7
Cystitis	10-25

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. C. Marshall M. D.

(Address) 1838 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

95396 E 95396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (TB) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert Brown

(a) Residence: No. 621 N. Paca st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min. :
	22	4	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Bertha Brown

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 17 1933

19. UNDERTAKER Samuel Kunkel
(Address) 518 N. Bond

20. FILED 19 Registrar.

NOV 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from September 9 1933 to Nov. 15 1933
I last saw h. in alive on Nov. 15 1933 Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1933
Other contributory causes of importance:	
Fistula in ano	July 1933

Name of operation Excision of Fistula Date of 9-7-33

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

See instructions on back of certificate.

M. D. B. 1268-9

E 95397 ✓ E 95397

HEALTH DEPARTMENT—CITY OF BALTIMORE

54001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., C-64 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene E. Kebrich

(a) Residence: No. 2421 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ——

6. DATE OF BIRTH (month, day, year): Dec. 4, 1887

7. AGE: Years 45 | Months 11 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress 69
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City Hospitals
10. Date deceased last worked at this occupation (month and year): Oct. 1933
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: William Koebrich
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER
15. MAIDEN NAME: Marg. Schwartzkoff
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Nov 17, 1933

19. UNDERTAKER: John D. Waterhouse & Sons
(Address): 1300 Eutaw Place

20. FILED: NOV 17 1933, 19.. [illegible] Livingston Lines, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1933 to Nov 15, 1933.
I last saw her alive on Nov 15, 1933. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Cyst, Dermoid	11/7/33
Ovary	
Peritonitis Generalized	11/8/33
Other contributory causes of importance: Broncho Pneumonia	11/14/33
Terminal	

Name of operation: Exp. Laparotomy Date of: 11/8/33
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) E. R. Bowne, M. D.
(Address) Balto. City Hosp.

See instructions on back of certificate.

M. D. B. 1268-9

E 95398 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93 E 95398

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 Mallow Hill Road St. 28-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis E. Hofstetter

(a) Residence: No. 238 Mallow Hill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Gertrude Albert

6. DATE OF BIRTH (month, day, year) Dec 24, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muth Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ba;timore Md.

FATHER

13. NAME Joseph Hofstetter

14. BIRTHPLACE (city or town) (State or country) Munich, Germany

MOTHER

15. MAIDEN NAME Juliana Bettsmeier

16. BIRTHPLACE (city or town) (State or country) Munich Germany

17. INFORMANT Mary G. Hofstetter
(Address) 238 Mallow Hill Road

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral C. Date Nov. 17, 1933

19. UNDERTAKER Chas. O. Mitchell & Son.
(Address) 1900 Eutaw Place

20. FILED NOV 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15. 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933 to Nov 15, 1933
I last saw h... alive on Nov 15, 1933 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema
Myocarditis

Date of onset

Other contributory causes of importance: Arterio Sclerosis
Hypertension
Chronic Bronchitis

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) James N. Kemp M. D.

(Address) Medical Arts Bldg.

IMPORTANT: This information is very important. See instructions on back of certificate. Give exact statement of

M. D. B. 1268-9 E 95399 E 95399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Brooklyn 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 Talbott St., 25th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George H Sealrease

(a) Residence: No. 19 Talbott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Kate Sealrease

6. DATE OF BIRTH (month, day, year) Jan 3 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury md

FATHER

13. NAME John C Sealrease

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs George F. Sealrease
(Address) 1201 Hanover st

18. BURIAL, CREMATION, OR REMOVAL Park
Place Moreland Cemetery Date Nov 18. 1933

19. UNDERTAKER John F Oeny
(Address) 713 Light St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/4/33, 19..., to 11/15/33, 19...

I last saw h— alive on 11/14/33, 19... Death is said to have occurred on the date stated above, at 6 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	?

Other contributory causes of importance:

History indefinite. Chron. vomiting, bowel etc

Name of operation ..... Date of .....

What test confirmed diagnosis? A Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bernard J. Feeny, M. D.

(Address) 910 W. Lombard

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 95400

M. D. B. 1268-0

E 95400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S. Mount St. St. 14-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Glenn Simmons

(a) Residence: No. 325 S. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gussie L. Simmons

6. DATE OF BIRTH (month, day, year) May 6, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

FATHER

13. NAME Richard Simmons

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie F. Young

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Gussie L. Simmons
(Address) 325 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 17, 19 33

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1933 to Nov. 14, 1933

I last saw h... 1m alive on Nov. 14 7. 19 33 Death is said to have occurred on the date stated above, at ..... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Nov. 10th
Other contributory causes of importance:	
Influenza and acute pleurisy	Nov. 7th

Name of operation - - - Date of - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Deibel M. D.

11/15/33 (Address) 1224-1226 Hanover St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 95401

95401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 10-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith Lennys Blake

(a) Residence: No. 921 E. Central Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Dennis Lennis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adelaine ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 11-17-1933

19. UNDERTAKER Edward Bryan
(Address) Hamburger Funeral Home, N.J.

20. FILED 11-17-1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1933, to November 14, 1933

I last saw her alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 days

Other contributory causes of importance:

Heart disease, rheumatic & mitral stenosis & insufficiency	?

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H P Magee, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

E 95402

95402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. 6-01 St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura L. Bartlett

(a) Residence: No. 2222 Orleans St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura B. Bartlett

6. DATE OF BIRTH (month, day, year) Apr. 26 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal & Wood dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Janesville Ohio

FATHER

13. NAME Thomas Bartlett

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas A. Bartlett
(Address) 2222 Orleans st.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mt. Cem. Date Nov. 18 1933

19. UNDERTAKER Wm. E. Black
(Address) 122 N. Broadway

20. FILED 11 16 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-7- 1933, to 11-16 1933.

I last saw him alive on 11-1 1933. Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Decompensation	Prev. 1933
Auricular fibrillation	

Other contributory causes of importance:

Senile Cystitis	
Dilatation	11-16-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. E. Proctor M. D.

(Address) Md. Gen. Hospital

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. See instructions on back of certificate. IT IS VERY IMPORTANT.

M. D. B. 1268-9

E 95403

HEALTH DEPARTMENT—CITY OF BALTIMORE

95403

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Mary Garrigan

(a) Residence: No. 1 Highgate Rd. Guilford, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-2-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	3	1213	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Maryland

FATHER

13. NAME Peter Garrigan

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Katherine Murray

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT Mrs. Thos. A. Whelan Jr.
(Address) 5504 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 11/18 1933

19. UNDERTAKER Henry H. Meyer and Son
(Address) 505 N. Calvert St.

20. FILED 11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-9-33 . 19 ... to 11-15-33 . 19 ...

I last saw h[illegible] alive on 11-15-33 . 19 ... Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

95404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95404

111-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH Pronounced dead at Mercy Hospital

City of Baltimore: (No. De Parkway Theatre St., 11-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gary R. Wilson

(a) RESIDENCE NO. Preston Apts. Preston & Guilford Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 1886

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
47	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Army Officer
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER Charles Wesley Wilson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Camilla West

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs Virginia K Jackson
(Address) Preston Apts

15 Filed 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism
Sinclair

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) James M Fenton, M. D.

11 17 1933 (Address) 7002 Echodale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Norfolk Virginia	Nov 18 1933
20 UNDERTAKER Henry W. Measton	ADDRESS 805 E. Pratt St.

via Old Bay Line. Baltimore Steam Packet Co). $4.

important. See instructions on back of certificate.

M. D. B. No. E 95405

E 95405

27856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 321 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loretta Harris

(a) Residence: No. 528 E. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 25-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0 7 0

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Geo. Harris

14. BIRTHPLACE (city or town) (State or country) No Carolina

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Nov 17 1933

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED Nov 17 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Nov 10, 1933

I last saw h[illegible] alive on Nov 10, 1933 Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory tuberculosis (asphyxia) due to Peri-Laryngeal abscess	11-10-33
contributory to death	11-7-33

Other contributory causes of importance:
Pyuria
Pat. P.M. entered hospital in a [illegible] - Autopsy revealed normal kidneys again

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Dan. N. Brouse Jr. M. D.
(Address) Johns Hopkins Hospital.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95406

95406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Fleet St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 51 yrs. ..... mos. ..... ds.

2. FULL NAME Bronislaw Zakalowicz or Zakalowicz

(a) Residence: No. 102 Fleet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zakalowicz

6. DATE OF BIRTH (month, day, year) Dec. 12 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Zakalowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Zakalowicz

(Address) 102 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Casimirs Date 11/18 19 33

19. UNDERTAKER Stephen J. Sullivan & Son

(Address) 1200 S. Edmondson Ave

20. FILED [illegible] Registrar.

T 1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 19 33 to Nov 15 19 33

I last saw h[illegible] alive on Nov 15 19 33 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about
Cerebral Arteriosclerosis	2 yrs
Nephritis	2 yrs
Influenza	2 wks

Other contributory causes of importance:

Acute Cardiac Dilatation 1 da

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1100 Eutaw Place

OCCUPATION IS very important. See instructions on back of certificate.

A&Co. 5-31 2508

95407 E 95407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Monroe St. 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winfield S. Willingham

(a) Residence: No. 324 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice V. Willingham

6. DATE OF BIRTH (month, day, year) June 21 1854

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
79	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Winfield S. Willingham
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Allenbaugh
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Alice V. Willingham
(Address) 324 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Nov. 18 1933

19. UNDERTAKER George E. Schnaul
(Address) 1100 Eutaw Place

Huntington Terrace, Md.

No. 171933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1933, to Nov 14 1933

I last saw him alive on Nov 14 1933 death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Seagrotti M. D.

(Address) 1724 W. Lombard St

M. D. B. 1268-9

E 95408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95408

CERTIFICATE OF DEATH

46 V

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (13-21 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Read Chilcoat

(a) Residence: No. 3514 Hickory Ave. St., "Hamden" Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of Rebecca Chilcoat

6. DATE OF BIRTH (month, day, year) March 15, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Enos Chilcoat

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Deceased.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date Nov 18, 1933

19. UNDERTAKER Chenoweth & Love
(Address) 3600 Old Frederick Ave
Huntington Williams Mortuary

D. P. K.

F 71933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933, to Nov. 16, 1933.
I last saw h im alive on Nov. 16, 1933. Death is said to have occurred on the date stated above, at 3 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis	11/14
Other contributory causes of importance: Carcinoma of stomach	

Name of operation Gastrectomy Date of 11-10

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

E 95409

E 95409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S Smallwood St. 11-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Adolph

(a) Residence: No. 308 S. Smallwood St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Adolph

6. DATE OF BIRTH (month, day, year) Unknown 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John Howard

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME Mkenn

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Louise Lukus
(Address) 308 E Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 18 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St
Huntington Indiana N.S.

20. FILED 177333 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/16/33 19 to 11/16/33 19
I last saw h-er alive on 11/15/33 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1

Other contributory causes of importance:

Name of operation Refused Date of

What test confirmed diagnosis? A Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard J. Terry M. D.
(Address) 910 W Lombard

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95410

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95410

V 122-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital St. 16-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Elizabeth Steigleman

(a) Residence: No. 701 Lyndhurst St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin Steigleman

6. DATE OF BIRTH (month, day, year) 3/2 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0 29

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Easton Maryland

FATHER

13. NAME David B. Griffith

14. BIRTHPLACE (city or town) (State or country) Easton Maryland

MOTHER

15. MAIDEN NAME Julia Goulden

16. BIRTHPLACE (city or town) (State or country) Easton Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov 18 1933

19. UNDERTAKER H. Sheppard Sons
(Address) Baltimore Md

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1933 to Nov. 16 1933

I last saw her alive on Nov. 16 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Intestinal Obstruction with Hernia	Nov. 9 '33
Other contributory causes of importance: Umbilical Hernia	1926

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Donella M. D.

(Address) 817 Park Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 95411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95411

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 W. Franklin St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucinda Fox

(a) Residence: No. 3410 W Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late William Fox.

6. DATE OF BIRTH (month, day, year) Sept. 25 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Levy Watkins.

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

MOTHER

15. MAIDEN NAME Mary Hodges.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary Fox daughter
(Address) 3410 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Nov 18 1933

19. UNDERTAKER Wm H. Williams & Son
(Address) North Avenues.

Filed ..... 19..... Registrar .....

No. 177333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Nov 16, 1933

I last saw h... alive on Nov 16, 1933 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	Nov 15
Senile Deterioration	yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. G. Lally M. D.

(Address) 3517 Edmondson Ave.

Instructions on back of certificate. See

M. D. B. 1268-9

✓ E 95412

95412

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Daraga

(a) Residence: No. 1601 N. Montford Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) 12/25/1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45 44	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas McNeese

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes McKevin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 18 1933

19. UNDERTAKER Wendell J. Duffield
(Address) 3003 Edmondson Ave. Huntingdon Phone Lex. 0322

20. FILED 11-19-33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-4-, 1933, to 11-14-, 1933

I last saw h.e alive on 11-14-, 1933. Death is said to have occurred on the date stated above, at 6:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary and Cerebral Embolism	11/14/33
Popliteal Embolism & Gangrene of Left Leg	3 weeks
Other contributory causes of importance: Rheumatic heart disease.	many years

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred A. Geist, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A&Co. 5-31 250B

95413 ✓ E 95413

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5703 Berkley Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude McIlhaney Orndorff

(a) Residence: No. 5703 Berkley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of James Ridgely Orndorff

6. DATE OF BIRTH (month, day, year) March 18, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John McIlhaney

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Emily E. McCurley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. James R. Orndorff
(Address) 5703 Berkley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 20, 19 33

19. UNDERTAKER J. B. Cook
(Address) 1003 W. Baltimore St.

20. Filed 7 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933 to Nov 17, 1933

I last saw h[illegible] alive on Nov 16, 1933 death is said to have occurred on the date stated above, at 8.18 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
(over)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Walter Spurrier M. D.
(Address) 3603 Edmondson Ave.

M. D. B. 1268-9

✓ E 95414

B 95414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5207 York Rd St. 7-04 Ward)

Length of residence in city or town where death occurred 50 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Regina Harris

(a) Residence: No. 5207 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Francis Harris

6. DATE OF BIRTH (month, day, year) 1853-7-17

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Guelph
(State or country) Ontario Canada

FATHER

13. NAME John Harris

14. BIRTHPLACE (city or town) Niagara
(State or country) Ontario Canada

MOTHER

15. MAIDEN NAME Maria Norris

16. BIRTHPLACE (city or town) Guelph
(State or country) Ontario Canada

17. INFORMANT G Laurence Harris
(Address) 5207 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place The Cathedral Date Mar 18 1933

19. UNDERTAKER Geo. W. Jenkins Sons Co
(Address) 911 Cathedral St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to March 16 1933

I last saw her alive on Mar 16 1933 Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	1930
Other contributory causes of importance: Acute Cardiac Dilitation	3 days

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. W. Bishop M. D.

(Address) 801 Cathedral St

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 95415

E 95415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. B-01 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Watts

(a) Residence: No. 233 S. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Millie Watts

6. DATE OF BIRTH (month, day, year) Dec. 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Augusta Ga.

FATHER

13. NAME Reuben Watts

14. BIRTHPLACE (city or town) (State or country) Augusta Ga.

MOTHER

15. MAIDEN NAME Adeline Simmons

16. BIRTHPLACE (city or town) (State or country) Mt. Pleasant S. C.

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Nov 17 1933

19. UNDERTAKER Walter S. Sawyer (Address) 614 W. Lombard St.

Filed Nov 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1933 to Nov 15 1933

I last saw h.. alive on Nov 15 1933. Death is said to have occurred on the date stated above, at 6 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Lemonkage, right	9 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magill M. D.

(Address) Balt City Hospitals

M. D. B. 1268-9

✓ E 95416

HEALTH DEPARTMENT—CITY OF BALTIMORE

95416

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Read St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia F Eccles

(a) Residence: No. 208 Read St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John Beale

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Elizabeth Green

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Mable Stewart

(Address) 208 Read St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date 11/20, 1933

19. UNDERTAKER Samuel F Kennedy

(Address) 57 W Biddle St

18 1933 Huntington Pikesville Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1933 to Nov 17, 1933

I last saw h.. alive on Nov 16, 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8/6/33

Other contributory causes of importance:

Carcinoma of Breast	1/2/33
amputation of Breast Oct 1933	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos Hurt Kemp M. D.

(Address) 912 Eutaw St

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 95417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95417

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 - Wilkens Ave. ST. 20-01 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August H. Miller

(a) RESIDENCE No. 2603 - Wilkens Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mgt Miller

6 DATE OF BIRTH (month, day and year): Nov 1864

7 AGE: Years 69 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): merchant.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry J Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mgt Hummel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Elizabeth Trible 2360 Wilkens Ave

15 [illegible] 19 [illegible] Registrar

181933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1933, to Nov 16 1933,

that I last saw him alive on Nov 16 1933,

and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH* was as follows: Empyaemathis Chronic Nephritis, Arteriosclerosis. Senility.

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema (duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Norbert C Walsh, M. D.

Nov 17 1933 (Address) 2151 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 11/20 1933

20 UNDERTAKER: Edward Foulkes

ADDRESS: Ware Blvd

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

M. D. B. 1268-9

✓ E 95418

3541930
278930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Flowers

(a) Residence: No. 1527 Riggs ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 7 - 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frederick Flowers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Dameron

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Nov 18, 1933

19. UNDERTAKER U. A. Brooks
(Address) 1113 E. Eager St

20. FILED 11-18-1933 Huntington Phillips M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933 to Nov 17, 1933.

I last saw her alive on Nov 17, 1933 Death is said to have occurred on the date stated above, at 445 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-4-33
Malnutrition	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John B. Washington M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... may be properly classified.

M. D. B. 1268-9

✓ 9 E 95419

95419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 11th (Ward)

Length of residence in city or town where death occurred 3 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Cornelius (Neal) Roy

(a) Residence: No. 1313 Madison Ave St., .. Ward. ..
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Beatrice

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steeder 6th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Cornelius Roy

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dora Burke

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Beatrice Roy
(Address) 1313 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Nov 18, 1933

19. UNDERTAKER W. A. Brooks
(Address) 113 N. Carey St.

20. 181933 H. Livingston Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 19.. to .., 19..

I last saw h alive on Nov, 19.. Death is said to have occurred on the date stated above, at midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ..

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 11/13, 1933

Where did injury occur? In front of 1111 McCulloh
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury Injury in the street

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ..

(Signed) Joseph Adams M. D.
Coroner

(Address) 2200 E Madison St.

Instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95420

CERTIFICATE OF DEATH

131 E 95420

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Bank Street St., 1-04 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 68 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Mechlinski

(a) Residence: No. 2216 Bank Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of ~~xxxxxxxx~~ Mary Mechlinski

6. DATE OF BIRTH (month, day, year) August 21-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary Of The

9. Industry or business in which work was done, as ~~cotton~~ mill, saw mill, bank, etc. Bldg Association First Polish American

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60 4

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Mechlinski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Mechlinski
(Address) 2216 Bank Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Nov, 21, 1933

19. UNDERTAKER George A Weber
(Address) 705 S. Ann St

Filed NOV 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10. 1933, to Nov. 17. 1933

I last saw h ~~im~~ alive on Nov 16. 1933. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	About
Cause Unknown	
Other contributory causes of importance: Myocardial degeneration	One
Nephritis	Yrs

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) J. F. Rau M. D.

(Address) 24 E Biddle

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AACo. 5-31 250B

E 95421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95421

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Simpson Alley-21 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Toby Leigh

(a) Residence: No. 2610 Simpson Alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Emma Leigh

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Information (wife) (Address) 2610 Simpson Alley

18. BURIAL, CREMATION, OR REMOVAL
Where Cabbary Cem. Date 11/18, 1933

19. UNDERTAKER Edward Thompson Co.
(Address) 575 N. Eutaw St.

NOV 18 1933

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Nov 16, 1933

I last saw him alive on Nov 16 1933 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
And Peritonitis	Unknown

Other contributory causes of importance:

General Debility
Cold and Grief

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) H. Beall, M. D.

(Address) 2610 Simpson Alley

Instructions on back of certificate.

M. D. B. 1268-9

E 95422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95422

CERTIFICATE OF DEATH

Registered No. 91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 7-6 Ward)

Length of residence in city or town where death occurred 5yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phillip Hagens

(a) Residence: No. 1921 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Hagens

6. DATE OF BIRTH (month, day, year) Jan 11, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Hagen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Walsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Nov 20 1933

19. UNDERTAKER Jos. L. Herr & Son
(Address) 300 W. Baltimore St. Huntington, Indiana

20. FILED NOV 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933 to Nov 17, 1933

I last saw h[illegible] alive on Nov 17, 1933 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	?
Diarrhea, cause unknown	?
Other contributory causes of importance:	

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Hagen M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of E

M. D. H. 1268-9

✓ E 95423

HEALTH DEPARTMENT—CITY OF BALTIMORE

95423

CERTIFICATE OF DEATH

93-104

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1131 Ettieg St. 17-01 (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Stanton

(a) Residence: No. 1131 Ettieg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Daniel Stanton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Carrie Hunter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie Stanton
(Address) 1131 Ettieg St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-18-1933

19. UNDERTAKER Durnell Eastern
(Address) 916 Pennsylvania Ave

20. FILED Huntington Williams, M.D.
11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5th 1933 to Nov 15th 1933

I last saw him alive on Nov 15th 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Myocardial Insufficiency	Oct.
b	3/1/33
c	
d	

Other contributory causes of importance:

Chronic Nephritis — Nov

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Geo. W. Lauenbach M. D.

(Address) 2215 W. Mt. Royal Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

18 1933

M. D. H. 1268-9

95424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 95424

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Hopkins

(a) Residence: No. 219 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. Hopkins

6. DATE OF BIRTH (month, day, year) Feb 15 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary M. Hopkins
(Address) 219 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov. 16, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 222 E. Lanvale St.

NOV 8 1933

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 1140 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephrocolitis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Bascom ... M. D.
Coroner

(Address) 1005 Eutaw Pl

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95425

CERTIFICATE OF DEATH.

√ 23

E 95425

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Mosher St. 14-21 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eliza Warner (Hawkins)

(a) RESIDENCE No. 609 Mosher St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Walter Warner

6 DATE OF BIRTH (month, day and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Walter Warner
(Address) 609 Mosher St

NOV 18 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16/33

17

I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Nov 16, 1933

that I last saw h W alive on Nov 16, 1933

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. ? mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Emilia A. Fay M. D.

11/16, 1933 (Address) 1926 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Nov. 19, 1933

UNDERTAKER Mrs Katie R. Williams

ADDRESS 3224 Schroeder St.

Very important. See instructions on back of certificates.

M. D. B 1268-9

E 95426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95426

CERTIFICATE OF DEATH

V 82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 Harford Rd. St. 27-G Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Harman

(a) Residence: No. 4507 Harford Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie F Harman

6. DATE OF BIRTH (month, day, year) Jan. 3, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Annie F Harman
(Address) 4507 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date 11/18/33 19

19. UNDERTAKER Leonard J. Ruck
(Address) [illegible]

20. FILED NOV 18 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15/33 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1933 to Nov 15, 1933

I last saw h[illegible] alive on Nov 14, 1933 Death is said to have occurred on the date stated above, at 1, A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic [illegible]	
Complications	

Other contributory causes of importance:

Coronal arteri[illegible]	
Sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Leonard J. Ruck M. D.

(Address) 47 N Harford

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95427

CERTIFICATE OF DEATH

V 82-001

Registered No. E 95427

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1421 Patapsco St. 23-21 (Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME John W Goebel

(a) Residence: No. 1421 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Katharine Goebel

6. DATE OF BIRTH (month, day, year) March 17, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F Goebel Jr
(Address) 1421 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov. 21. 1933

19. UNDERTAKER C. Howard Eadline
(Address) 32 E. Fort Ave

Filed NOV 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1933 to Nov 18 1933

I last saw him alive on Nov 17 1933 Death is said to have occurred on the date stated above, at 3 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	several years
Other contributory causes of importance: Cerebral Hemorrhage	3 days

Name of operation — Date of —

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify:

(Signed) W W Buxton M. D.

(Address) 304 E Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 95428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice Yarborough

(a) Residence: No. Sycamore av (Usual place of abode) St., Sparrows Point Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 7/8/1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Bessie allen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Mem Date Nov 18, 1933

19. UNDERTAKER Robert T. Wilkinson

(Address) 515 McElderry St

Filed Nov 18 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933 to Nov 15, 1933

I last saw her alive on Nov 15, 1933 Death is said to have occurred on the date stated above, at 1130 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea.	Nov 8, 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Marion S Hurley M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95429

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., M-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Girl Merryman

(a) Residence: No. Sykesville Md St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 15, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edgar Merryman

14. BIRTHPLACE (city or town) (State or country) Sykesville Maryland

MOTHER

15. MAIDEN NAME Gladys Wyckoff

16. BIRTHPLACE (city or town) (State or country) Montevideo Maryland

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 18, 1933

19. UNDERTAKER
(Address)

Registrar.

1 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933 to Nov. 16, 1933

I last saw h[illegible] alive on Nov. 16, 1933 Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-Tentorial Hemorrhage	
Compound Presentation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Dorsett, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95430

E 95430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Sutcherson

(a) Residence: No. 2410 Puget St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 16, 1933

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or ..... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby 60d

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Sherman Sutcherson

14. BIRTHPLACE (city or town) ? (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian Hersey

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Nov 16, 1933

19. UNDERTAKER

(Address)

20. FILED [illegible] Huntington Philmont, Md

[illegible] Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1933 to November 16, 1933

I last saw him alive on November 16, 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Placenta Previa

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. W. Dorsey M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0 E 95431 M E 95431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred 22 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Irvin Hanna

(a) Residence: No. Lawson, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 17, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Delivery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawson, Md

FATHER

13. NAME Jesse W. Hanna

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Annie Keyser

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mrs. Annie K Hanna (Address) Lawson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Stone Chapel Date Nov 20th 1933

19. UNDERTAKER Wm Cook (Address) 12 E St Paul St

19. FILED NOV 21 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 to Nov 17, 19 33

I last saw h alive on Nov 17, 19 33 Death is said to have occurred on the date stated above, at 1 m. autopsy

The principal cause of death and related causes of importance were as follows:

Comp. Depressed Fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Decompression of Skull Date of 11 5 33

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Nov 5, 1933

Where did injury occur? Charles St Ave W of Towson (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding hit a culvert

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 200 E Madison St

OVTS 1933

See instructions on back of certificate. This section is very important.

M. D. B. 1965-9 E 95432 E 95432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5005 Ivanhoe Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A. Bockstie

(a) Residence: No. 5005 Ivanhoe Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Jessie L. Bockstie

6. DATE OF BIRTH (month, day, year) May 22-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) Feb 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME August W. Bockstie

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Annie Hammann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jessie L. Bockstie
(Address) 5005 Ivanhoe Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date Nov 20 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1933 to Nov. 17 1933

I last saw him alive on Nov. 12 1933 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Endocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Karl F. Berens M. D.

(Address) 5111 York Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

NOV 19 1933

E 95433

M. D. B. 126F-9 E 95433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 17-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Johnson

(a) Residence: No. 315 W 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Johnson (Dead)

6. DATE OF BIRTH (month, day, year) Nov. 5 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

MOTHER

13. NAME Thomas Johnson

FATHER

14. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER

15. MAIDEN NAME Maria Carter

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

17. INFORMANT Friends (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Cemy Date Nov 19 1933

19. UNDERTAKER Adolphus Halstead (Address) Catonsville Md.

20. FILED NOV 19 1933 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1933, to Nov 16, 1933

I last saw him alive on Nov 16, 1933 Death is said to have occurred on the date stated above, at 9.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	3 wks
Nephritis, arteriosclerotic	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. D'Angell, M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-0

E 95434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95434

93-003

1. PLACE OF DEATH — Registered No. 1621

CITY OF BALTIMORE (No. Fell Dead St., Bloomingdale & Westwood Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Breyer.

(a) Residence: No. 3006 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 13 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linen maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 669

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Breyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ernestine Schlegel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Edith Breyer

(Address) 3006 Baker

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov 20 1933

19. UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave

20. FILED Nov 20 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

1 year

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

See instructions on back of certificate. It is very important.

M. D. B. 1930 E 95435

E 95435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Claymont St. 16-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lavinia F. Johnson,

(a) Residence: No. 609 Claymont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Johnson,

6. DATE OF BIRTH (month, day, year) November 14. 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	--	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Paul Martin,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs F. Krumholtz

(Address) 609 Claymont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date NOV 21 1933, 19..

19. UNDERTAKER Geo H Little

(Address) 2700 Edmondson Ave.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 18 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1933; to Nov 17, 1933.

I last saw her alive on Nov 17, 1933. Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	Several years.
Myocardial degeneration.	
Other contributory causes of importance:	
Hemiplegia	
Cerebral Hemorrhage	5 days

Name of operation None Date of

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W Winchell, M. D.

(Address) 2901 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1933

M. D. B. 1268-9 E 95436

E 95436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 22-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Brodie

(a) Residence: No. 732 d Charles st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John Brodie

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Fiza Nicholson
(Address) 2319 Bryant ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Hospital Date NOV 19 1935

19. UNDERTAKER Lemmon Bro
(Address) 1127 E Baltimore st

20. FILED NOV 19 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1935 to Nov. 18, 1935

I last saw h. ~~im~~ alive on Nov. 18, 1935 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/14/35

Other contributory causes of importance:

Arteriosclerosis	
chr. myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Levy M. D.

(Address) 1 East Lexington st

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AACo. 5-31 250M

E 95437 (Leuber) E 95437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1240 W. 40th St. 13-81 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence E. Kenney

(a) Residence: No. Phoenix (Usual place of abode) Balto Co., Maryland (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Kenney

6. DATE OF BIRTH (month, day, year) Mar. 8, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 ~~58~~	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Maryland

FATHER

13. NAME Elisha G. Bosson

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Maryland

MOTHER

15. MAIDEN NAME Barbara E. Wiseham

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Mrs. Morgan Reese (Address) Phoenix, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Poplar Date Nov. 21 1933

19. UNDERTAKER Wm. E. Brooks Son (Address) Sparks, Md.

20. FILED 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Nov 18, 1933

Last saw h[illegible] alive on Nov 18, 1933 death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	July 1933
Chronic Int. Nephritis	

Other contributory causes of importance:

Uremia	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon E. Kelly M.D.

(Address) 60 E. Somerset Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-0

E 95438

27860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95438

CERTIFICATE OF DEATH

V 24

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabel Thomas

(a) Residence: No. Carlton Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 6/21/08

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME E E Jackson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Fay Leonard

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cem Salisbury Md Date Nov 20 1933

19. UNDERTAKER Edward C. Mitchell & Sons
(Address) 720 Eutaw Place

NOV 18 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1933 to Nov 17, 1933.

I last saw her alive on Nov 17, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Nov 15 33
Other contributory causes of importance:	

Name of operation Lumbar puncture Date of 11-1-33

What test confirmed diagnosis? Path Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 BK E 95439

E 95439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 131

CITY OF BALTIMORE: (No. 3102 Tyndale ST. 27-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Wagner

(a) RESIDENCE NO. 3102 Tyndall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Wagner

6 DATE OF BIRTH (month, day, and year) Nov. 16. 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Henry Fleckenschildt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Geo Despeaux

(Address) 3102 Tyndale Ave

15 Filed ____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1933, to Nov 17th 1933, that I last saw h alive on Nov 17th 1933 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows: Chronic Parenchymatous Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) L. K. Sorby M. D.

11-17 19 33 (Address) Hospital Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lankwood Cem.

DATE OF BURIAL Nov. 20 19 33

UNDERTAKER Margaret A. Flynn

ADDRESS 1422 Light St

Important. See instructions on back of certificates.

8pec.—1-30—M. & T.—250 Blks

E 95440 E 95440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 325 N. Calhoun St. 19-01 WARD)

2-FULL NAME Amelia Jane Scott.

(a) RESIDENCE NO. 325 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe. | 4 COLOR OR RACE Col. | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Scott.

6 DATE OF BIRTH (month, day, and year) June 20. 1870

7 AGE: Years 63 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home. wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Causaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nellie Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Flora Carter

(Address) 2323 N. Carlton St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15. 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933, to Nov. 15, 1933, that I last saw h— alive on Nov. 15, 1933, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) ✓ (duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) R. Garland Ashcraft M. D.

Nov 15 1933 (Address) 1554 — Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. t. Auburn | DATE OF BURIAL 11/18/1933

20 UNDERTAKER: Mrs. George H. Rolland | ADDRESS 1651 Druid Hill

TION is very important. See instructions on back of certificates.

M. D. B. 1263-9 E 95441 E 95441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 Huntingdon Ave 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret J. Sigler

(a) Residence: No. 2725 Huntingdon Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Sigler

6. DATE OF BIRTH (month, day, year) April 2. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	7	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Manus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine R. Sigler
(Address) 2725 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 21. 1933

19. UNDERTAKER Mr. & Mrs. John F. Feifel & Son
(Address) 801 W. Fayette St.

FILED NOV 13 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19 33 to Nov 18 19 33
I last saw h er alive on Nov 6 19 33 Death is said to have occurred on the date stated above, at 3,30 ^ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Convulsions	1931
Other contributory causes of importance:	
Chronic Interstitial Nephritis & Arterial Sclerosis	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? C Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward J. Zimmerman M. D.

(Address) 2757 Harford Rd

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1938-9 E 95442

E 95442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Westfield Ave. St. 27-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine E. Frank

(a) Residence: No. 3013 Westfield Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John P. Frank

6. DATE OF BIRTH (month, day, year) January 17/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Ord~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME John P. Kleiderlein

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Sophia Rosenberger

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT John Frank
(Address) 3013 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. 11/20/33

19. UNDERTAKER Leonard Rock
(Address) 5305 Harford Rd.

20. FILED 11/20 1933 Howard Peach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17/33

22. I HEREBY CERTIFY, That I attended deceased from November 9 1933 to November 17 1933

I last saw her alive on November 16 1933 Death is said to have occurred on the date stated above, at 2 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Vulva.	?

Other contributory causes of importance:

Name of operation Excision of Vulva. Date of March 33 Nov. 33 April 33

What test confirmed diagnosis Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Simon Brager M. D.

(Address) 2007 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1208-B

E 95443

E 95443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunatic Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Ernest R Voss

(a) Residence: No. 4111 Elrman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Voss.

6. DATE OF BIRTH (month, day, year) Dec 10 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 813

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md.

FATHER

13. NAME Frederick Voss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ed. J. Voss.
(Address) 4111 Elrman Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 11/22 1933

19. UNDERTAKER Leonard J Ruth
(Address) 530 N Fremont Ave

V 131933 Hunting ton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-22 1933 to 11-18 1933

I last saw him alive on 11-16 1933. Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of the aorta	
Luetic myocarditis	
Pulmonary infavetion	
Broncho-pneumonia	

Other contributory causes of importance:

Chronic cholecystitis

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) J. Francis Warren M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 95444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95444

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 106 W. University Parkway St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Edward M. Carroll

(a) Residence: No. 106 W. University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Kelly

6. DATE OF BIRTH (month, day, year): Dec. 11, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: James Carroll

14. BIRTHPLACE (city or town) (State or country): -------- Ireland

MOTHER

15. MAIDEN NAME: Esther Grubb

16. BIRTHPLACE (city or town) (State or country): -------- Virginia

17. INFORMANT: Mrs. Blanche K. Carroll
(Address): 106 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: 11/20, 1933

19. UNDERTAKER: Henry H. Mears & Son
(Address): 509 N. Eutaw St.

20. FILED NOV 19 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933 to Nov. 17, 1933

I last saw him alive on Nov. 17, 1933 Death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	11/15/33
Arterio-Sclerosis	? yr.

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin P. Jones, M.D.
(Address) 1115 St. Paul St. City

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-S 3

M. D. B. 12

E 95445 Catherine Hunt ✓ E 95445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Colburn Hunt

(a) Residence: No. 716 School st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 23 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25 25	11	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hse.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Hunt.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Griffin

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co. Md.

17. INFORMANT Frank Hunt

(Address) 716 School st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date NOV. 20 19 33

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st.

20. FILED NOV 20 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/11 1933 to 11/16 1933

I last saw h[illegible] alive on 11/16 1933. Death is said to have occurred on the date stated above, at 6.0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
T.B. of Brd & Rt Lung Pulmonary	?

Other contributory causes of importance:

T.B. pleura & Mes. None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Bowers M. D.

(Address) Balto city Hospital

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-2 E 95446

E 95446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1412 Whitelock St. (St., Ave., or Ward)

Registered No. 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wade S. Lewis

(a) Residence: No. 1412 Whitelock St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Lewis

6. DATE OF BIRTH (month, day, year) ... 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

FATHER

13. NAME John H. Lewis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susie Byrd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elizabeth Lewis
(Address) 1412 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL
Place Ozana Va Date Nov 21, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St.

20. FILED Nov 20 1933, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from Lungs Pul. TB

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Geo. Thompson, M. D.

(Address) 3320 Roland Ave Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 95447 ✓ E 95447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1229 63rd St (St., Ward) Baltimore City

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 4 mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Elizabeth Angela Grimm

(a) Residence: No. 214 Main St Tollandsboro W. Va. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William F. Grimm

6. DATE OF BIRTH (month, day, year) Dec 8th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ~

11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) (State or country) Cameron W Va.

FATHER

13. NAME Colen White

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Elsie Cross
(Address) 1229 - 63rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Toronto Ohio Date 11/20 1933

19. UNDERTAKER Wm Cook & Son
(Address) 1215 E Pratt St

20. Filed NOV 20 1933, 19....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933 to Nov 14, 1933
I last saw her alive on Nov 14, 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	11/15/33
Other contributory causes of importance:	
Arteriosclerosis	2 days
Chronic Nephritis	?
	?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. A. Gardner M. D.

(Address) Troutdale W Va

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

E 95448

✓ E 95448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4738 Old York Rd St., 9-81 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David M. Reign

(a) Residence: No. 4738 Old York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Martha W. Reign

6. DATE OF BIRTH (month, day, year) Aug 22* 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Acid Maker 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Griffith & Boyd Co

10. Date deceased last worked at this occupation (month and year) Mar 1924

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David M. Reign

14. BIRTHPLACE (city or town) (State or country) Penn Grove N. J.

MOTHER

15. MAIDEN NAME Ellmore N. Crooks

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Reign
(Address) 4738 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 11/21 1933

19. UNDERTAKER Mt Olivet
(Address) 121 S Howard St

FILED NOV 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19* 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Nov 19 19

I last saw h.m. alive on Nov 18 1933. Death is said to have occurred on the date stated above, at 1455 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:

None entered

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. L. Long M. D.

(Address) 4 S Southway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2 E 95449 ✓ E 95449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Lansing Ave 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William T. Davis

(a) Residence: No. 1708 Lansing Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Isabelle Davis

6. DATE OF BIRTH (month, day, year) Jan 13th 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piston Ring Factory

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm T. Davis

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Zink

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marie M. Rayman
(Address) 1708 E. Lansing Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Nov 21st 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1933 to Nov 1 1933

I last saw h~~im~~ alive on Nov 1 1933. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Pulmonary Tb	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) L. J. Hirschmann M. D.

(Address) 733 Dragon St

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3 3

Nov 20 1933 [illegible]

M. D. B. 1268-9 E 95450 ✓ E 95450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Gorsuch Ave 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia A. Jones

(a) Residence: No. 1137 Gorsuch Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of James H. Jones

6. DATE OF BIRTH (month, day, year) Feb 11th 1836

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
97	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David Hunsberg

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Hitzelberger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary E Jones

(Address) 1137 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 21st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30th 1933 to Nov 18th 1933

I last saw her alive on Nov 17th 1933 Death is said to have occurred on the date stated above, at 11.10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	June 1933

Other contributory causes of importance:

Arteriosclerosis	—

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) No to Margaret Wm Cook M. D.

(Address) 401 E 25th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

V S 3

M. D. B. 1289-9 E 95451 ✓ E 95451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 12-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Schmidt, Royal

(a) Residence: No. 416 E. 26th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Sue M. Schmidt

6. DATE OF BIRTH (month, day, year) Feb 8th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
46	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Globe Brewery

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 3 mo

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Schmidt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Ryall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Sue M. Schmidt

(Address) 416 E. 26th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 21st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 N Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1933 to Nov 18 1933

I last saw h.. alive on Nov 18 1933 Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple abscesses of lung	
Cecal gangrene	
Lobar pneumonia	
Septicemia	
Other contributory causes of importance:	
Fibroid, tbs, inactive	

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis Warren M. D.

(Address) University Hospital

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250-Blk.

E 95452 ✓ E 95452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 909 N Lehigh St 76-01 WARD)

2. FULL NAME Joseph Bunk

(a) RESIDENCE NO. 909 N Lehigh St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 17-33

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph H Bunk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Julia Hope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Joseph H Bunk
(Address) 909 Lehigh St

15 Filed NOV 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18-33

17

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1933, to Nov. 18, 1933

That I last saw h in alive on Nov. 18, 1933

and that death occurred, on the date stated above, at 12 20 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth
Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lendrum Sherwood M. D.

11/18 1933 (Address) 2529 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lorain — DATE OF BURIAL Nov 20 1933

20 UNDERTAKER Martin W Eby — ADDRESS 31 Saint St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9 E 95453 ✓ E 95453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Rodgers

(a) Residence: No. Reistertown, Md. -3 mi west St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Rodgers

6. DATE OF BIRTH (month, day, year) Oct 7/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Rodgers

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Keys

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary E. Rodgers
(Address) Reistertown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Nov 20, 1933

19. UNDERTAKER Joseph Eyler
(Address) Owings Mills, Md.

NOV 20 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
Pistol Shot Wound-Rt Temple	Nov 17

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury Nov 17/33

Where did injury occur? In his home-3mi west
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Of Reistertown, Md

Manner of injury Shot himself with 38 cali-

Nature of injury per revolver.

24. Was disease or injury in any way related to occupation of deceased? ...
If so specify ...

(Signed) J. H. Mollen Coroner, M. D.

(Address) 508 E. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 95454 ✓ E 95454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Mosher ST. 16-01 WARD)

2-FULL NAME Amelia Ida Roemer

(a) RESIDENCE NO. 1814 Mosher St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Edward Roemer

6 DATE OF BIRTH (month, day, and year) July 9, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Champion Stivers

11 BIRTHPLACE OF FATHER (city or town) Camden (State or country) N. J.

12 MAIDEN NAME OF MOTHER Catherine Fleming

13 BIRTHPLACE OF MOTHER (city or town) Camden (State or country) N. J.

14 Informant Alfred Ernst
(Address) 1814 Mosher St

15 Filed NOV 20 1933 Huntington Indiana, Nov 20 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1933

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to Nov. 19, 1933, that I last saw her alive on Nov. 18, 1933, and that death occurred, on the date stated above, at 11:10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) ? yrs. ..... mos ..... da.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. E. Shannon, M. D.

11/18 1933 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cem. DATE OF BURIAL Nov. 21 1933

20 UNDERTAKER Josiah Syfer ADDRESS 1600 N. Nov[illegible]

IMPORTANT See instructions on back of certificates. Exact statement of OCCUPATION is very important and may be property classified.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95455 E 95455

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 7-01 Ward) 14

Registered No. 12-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Quay Delaney

(a) Residence: No. East and Martell Aves. Ward. Fairview Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2nd 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Lucian Delaney

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Margaret ____?

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Queen Glosser

(Address) East and Martell Avenues

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cemetery Date 11-21-33

19. UNDERTAKER Wendell E. Hamp Sons

(Address) 1501 N. Broadway

20. FILED NOV 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1933 to Nov. 18 1933

I last saw h.im alive on Nov. 18 1933 Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Weiner M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 95456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95456

87-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Kensett Street ST. 13-01 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Eisel

(a) RESIDENCE No 1513 Kensett Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Eisel

6 DATE OF BIRTH (month, day, and year) March 1,1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Eisel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Woolford

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs Annie Eisel

(Address) 1513 Kensett Street

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18/ 19 33

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OR DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John H. Mowinger, Coroner, M. D.

Nov. 20, 1933 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov. 22, 1933

20 UNDERTAKER E. Leroy Stiffler, & Inc.

ADDRESS 1256 North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 95457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95457

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arrival

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 10-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J. Unkelbach

(a) Residence: No. 1234 E. Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna C.

6. DATE OF BIRTH (month, day, year) Feb 15/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles J. Unkelbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barthea Ullrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna J. Unkelbach
(Address) 1234 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov. 22 1933

19. UNDERTAKER Henry Hasel Sons, Inc
(Address) 1629 E. Eager St.

20. Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Calvert M. D.
Coroner

(Address) 508 E. Fort Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of DISEASE in plain terms, so that it may be properly classified.

M. D. B. 1288-0

E 95458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95458

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E. Federal St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Schmidt Bamberger

(a) Residence: No. 1620 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Wm. Turner Bamberger

6. DATE OF BIRTH (month, day, year) July 31, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Dressel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma S. Stapp (Daughter)
(Address) 3206 Hartford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/21/33

19. UNDERTAKER Jno. F. Ellis & Sons
(Address) 2018 Eutaw St.

19 Registrar

D 20633

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1933 to Nov. 17, 1933
I last saw h.. alive on Nov. 15, 1933. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Geo. B. Lybert, M. D.

(Address) 2802 Hartford Ave.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 4268-A

E 95459

E 95459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fekays

(a) Residence: No. 1722 Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 22. 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John J Fekays

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E McSweeney

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John J Fekays

Address 1722 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 21 1933

19. UNDERTAKER John Ullrich

(Address) 2005 Arlington

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2 1933 to Nov 17 1933

I last saw h[illegible] alive on Nov 17 1933. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypoplastic Anemia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] Baker, M. D.

(Address) University Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9 E 95460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95460

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Evergreen Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 18 yrs. — mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Alvin Stevens

(a) Residence: No. 2904 Evergreen Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine Stevens

6. DATE OF BIRTH (month, day, year) May 19 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caterer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A A Co (State or country) Md

FATHER

13. NAME Philip F Stevens

14. BIRTHPLACE (city or town) Calvert Co (State or country) Md

MOTHER

15. MAIDEN NAME Eugenia Wood

16. BIRTHPLACE (city or town) A A Co (State or country) Md

17. INFORMANT Catharine Stevens (Address) 2904 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Nov 20 1933

19. UNDERTAKER Thos Kirkwood & Son (Address) Reisterstown Md

FILED NOV 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-18 (4:30 pm) 1933 to Nov-18 (5:40 pm) 1933

I last saw him alive on Nov-18 1933. Death is said to have occurred on the date stated above, at 5-40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Chronic Hypertension	?
Cardio - Vascular Lesions	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank D Virgilis M. D.

(Address) 1117 St Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B 1268-9 E 95461 ✓ E 95461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4122 Kathland Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Bossyns

(a) Residence: No. 4122 Kathland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Albert J. Bossyns

6. DATE OF BIRTH (month, day, year) July 1, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John Bauerschmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Marr

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Dr. Albert J. Bossyns
(Address) 4122 Kathland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov 21 1933

19. UNDERTAKER Wm Rickert & Sons
(Address) York & Pa Aves

20. FILED NOV 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1932 to Nov 18 1933

I last saw h.er alive on Nov 17 1933 12:25 P. M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Hemiplegia	Jan 31
"	Oct 1932

Other contributory causes of importance:

Chronic Nephritis	1930

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Weber Coroner M. D.

(Address) 3204 Fairmount Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 3

M. D. B. 1268-9 E 95462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95462

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Hunter Carlton

(a) Residence: No. 220 Oakdale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Llewellyn Millard Carlton

6. DATE OF BIRTH (month, day, year) Feb. 27, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Leonard Major

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Beasley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. R. Leonard Carlton
(Address) 6 E. Read St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov. 20, 33

19. UNDERTAKER Wm. J. Tuckerton
(Address) 1 Pocahontas Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .... I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myeloid Leukemia	/ /
Other contributory causes of importance: Strangulated Hemorrhoids with Hemorrhage	

Name of operation Extirpation Hemorrhoids Date of (Nov 17/33)

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Brown M. D.
Coroner
(Address) 108 E Monument

MEDICAL CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95463

CERTIFICATE OF DEATH

82-402 E 95463

15-01

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3913 Barrington Road Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emanuel Cohn

(a) Residence: No. 3913 Barrington Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Sadie H. Cohn

6. DATE OF BIRTH (month, day, year) July 5 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ladies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apparel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Calmas Cohn

14. BIRTHPLACE (city or town) (State or country) Roumania

MOTHER

15. MAIDEN NAME Emma Klein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emanuel Cohn
(Address) 3913 Barrington Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Lakeview Cemetery Date Nov. 21, 1933

19. UNDERTAKER Hurd, Sondheim & Son
(Address) 1202 Eutaw Place

20. FILED ..... 19..... Registrar

NOV 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to Nov 18th, 1933

I last saw h.e alive on Nov 18th, 1933. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic nephritis	Nov 10
Cerebral Embolus	Nov 18
Other contributory causes of importance:	
Chr. Hypertrophic Arthritis	2 yrs.

Name of operation None Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Hyams, M. D.

(Address) 2360 Eutaw Place

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 95464 ✓ E 95464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 257 N. Schroeder St. 18-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Jeffers

(a) Residence: No. 257 N. Schroeder St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Jeffers

6. DATE OF BIRTH (month, day, year) Feb 5-1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 04

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) ... (State or country) N. C.

FATHER

13. NAME Edward Jeffers

14. BIRTHPLACE (city or town) ... (State or country) N. C.

MOTHER

15. MAIDEN NAME Maggie Duncan

16. BIRTHPLACE (city or town) ... (State or country) N. C.

17. INFORMANT Mrs. M. Jeffers

(Address) 257 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place Greensboro, N.C. Date Nov. 20, 1933

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Eastern Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8spec.—1-30—M. & T.—250 Blks

E 95465

E 95465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 813 N. Mulberry St. 18-01 (Ward)

2-FULL NAME Cora Brown

(a) RESIDENCE No. 813 N. Mulberry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frank Brown

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Frank Brown 813 N. Mulberry St.

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16. 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933 to Nov. 16, 1933.

that I last saw her alive on Nov. 16, 1933

and that death occurred, on the date stated above, at 12:50 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Instante (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) H. Garland Mundell M. D.

Nov 20, 1933 (Address) 1534 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Nov 20, 19 33

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N Schroeder St

NOV 20 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95466 E 95466

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Harlem ave Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Johnson

(a) Residence: No. 1402 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19.	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. B.

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) N B.

MOTHER

15. MAIDEN NAME Ella Green

16. BIRTHPLACE (city or town) (State or country) N B.

17. INFORMANT Elisk Johnson
(Address) 1705 Riggs ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-22 193

19. UNDERTAKER Edward Carbon
(Address) 916 Pa ave

20. FILED NOV 20 1933 19 Huntington Williams M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19- 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1933 to NOV 19- 1933

I last saw him alive on 11-18- 1933. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset 11/15/33

Pulmonary Edema
Cardiac Failure

Other contributory causes of importance:

Pneumonitis
(Tuberculosis)

Name of operation NO Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) J. R. Boyd M. D.
(Address) 1512 Edmondson

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95467

95467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE. (St. No.) London Lot rear 533 Biddle St., (Ward) 1

Registered No. 190

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Brown.

(a) Residence: No. None, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fmale | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE | Years 32 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Geo. Brown 1125 Brewer St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 11-21, 193

19. UNDERTAKER [illegible]
(Address) [illegible]

NOV 20 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Inquest.

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Exposure from Cold. — Date of onset

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. B. Buck Coroner, M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr. Young

E 95468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 95468

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1208 Myrtle Av., 9th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella Downes

(a) Residence: No. 1208 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT George W. Johnson
(Address) 1208 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-20 1933

19. UNDERTAKER Daniel Easton
(Address) 916 Pa ave.

20. FILED NOV 20 1933 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17 1933

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1933 to November 17, 1933

I last saw h alive on November 17, 1933 Death is said to have occurred on the date stated above, at 1200 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac. Enteri-Colitis	10-20-33
Bronchio-Pneumonia	11-7-33

Other contributory causes of importance:

Myocarditis Chron	unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles T. Woodland M. D.

(Address) 811 Harlem Ave

V 9 3

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95469

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1138 Argyle St. 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos. Baltimore

(a) Residence: No. 1138 Argyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 28-1933

7. AGE — Years | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Jas Johnson.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Baltimore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Baltimore
(Address) 1138 Argyle

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11-20 1933

19. UNDERTAKER Dent Easton
(Address) 26 E Pratt St

20. FILED NOV 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Sunday Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 2 Days

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 95470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95470

1. PLACE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1704 E. 31st St. 9-61 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Brodman

(a) Residence: No. 1704 E. 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Louis Brodman

6. DATE OF BIRTH (month, day, year) July 2 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Havre de Grace
(State or country) Md.

FATHER

13. NAME Samuel Adams

14. BIRTHPLACE (city or town) St Marys Co.,
(State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Charles L. Brodman

(Address) 1704 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Tuesday Nov 21st 1933

19. UNDERTAKER Geo. C. Schulz & Sons

(Address) Waverly & Greenmount Aves

20. FILED NOV 20 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14- 1930, to November 18- 1933

I last saw her alive on November 17 -, 1933. Death is said to have occurred on the date stated above, at 3:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	unknown
Other contributory causes of importance:	
Hypertension	unknown
Chronic Parenchymatous Nephritis	June 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Kilsand, M. D.

(Address) 2532 Edmondson Ave,

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95471

CERTIFICATE OF DEATH

93E 95471

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S. Bouldin St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Black Monroe

(a) Residence: No. 134 S. Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9/1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph M. Monroe

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Reamer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Estelle C. Dorsey
(Address) 134 Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Nov 23. 1933

19. UNDERTAKER Philip Stewart Sons
(Address) 2 W. Oliver St

NOV 20 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7/33 19 to Nov. 19-33
I last saw h[illegible] alive on Nov. 19 -1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Sept 1-33

Other contributory causes of importance:

Senile Hypertension	1932.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. H. Herrman M. D.
(Address) 2913 E. Baltimore St.

V[illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95472

CERTIFICATE OF DEATH

✓ E 95472

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N. Linwood Ave St., 1-01 Ward) Registered No. 95

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda J. Baker

(a) Residence: No. 704 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Baker

6. DATE OF BIRTH (month, day, year) Aug 3/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Robert Wilson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth - -

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry Baker
(Address) 704 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Abrigdon M. E. Cem Date Nov 21 1933

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eastern Ave.

20. FILED NOV 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov 18 1933

I last saw h.. alive on Nov 18 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs.
Bronchio Pneumonia	Nov 1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank J. Ayd M. D.
(Address) 2095 E. Monument St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95473 V 50 E 95473

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Frankford ave St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Ludwig

(a) Residence: No. 3808 Frankford ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Theodore Ludwig

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Caroline Deibel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Harry Ludwig

(Address) 3808 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 21 1933

19. UNDERTAKER Philip Benziger Sons

(Address) 2016 Eutaw St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1933 to Nov. 17 1933

I last saw her alive on Nov. 16th 1933 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left breast with metastasis in liver and brain.	about 1½ years before death

Other contributory causes of importance:

Name of operation Amputation of breast Date of 11/17/32

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Deibel M. D.

11/19/33 (Address) 1214 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

s 3

17 NOV 20 1933 Registrar's Office

M. D. B. 1206

E 95474

E 95474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59√

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 609 W. Hoffman St., 17-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Wilson

(a) Residence: No. 609 W. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keeper of Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John H. Wilson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elmina Cogbill

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lizzie Smith
(Address) 609 W. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Nov 21. 1933

19. UNDERTAKER Mrs Ida Snowden
(Address) 1129 N. Caroline St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 . 1933 to Nov 17 . 1933

I last saw h[illegible] alive on Nov 17 . 1933 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	July

Other contributory causes of importance:

Unknown

Name of operation None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J. Keller M. D.

(Address) 222 W. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should

M. D. H. 1268-9

E 95475

E 95475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Radnor Ave St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Dow

(a) Residence: No. Matthews Co., Va St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara (Prifenett) Dow

6. DATE OF BIRTH (month, day, year) Dec 16/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence, R.I.

FATHER

13. NAME Preston Dow

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT James E. Dow

(Address) 604 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster Pa. Date 11/20 19 33

19. UNDERTAKER Jones Tyler

(Address) 1600 Mt. Royal Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Chr Myocarditis — Date of onset ?? yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Mulberry

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

95476

HEALTH DEPARTMENT—CITY OF BALTIMORE

95476

V 161-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — Baltimore Md. Registered No.

CITY OF BALTIMORE: (No. 7-C St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Aberstein

(a) Residence: No. 535 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 18, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Theodore Aberstein

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Hilda Weyers

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mother

(Address) 535 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Levindale Cemetery Date 11/20/33 19

19. UNDERTAKER Jos. Lewis Sons

(Address) 1432-36 Pennsylvania Ave

20. [illegible] Huntington Phillips M.D. Registrar.

V 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 . 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1933, to Nov. 20, 1933.

I last saw h alive on Nov. 20, 1933. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive Hemorrhage - cerebral	11-20-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Cohen M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

E 95477

95477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Catherine E. Powers

(a) Residence: No. 1715 Guilford Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Vincent Powers

6. DATE OF BIRTH (month, day, year) Aug 13 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	2 3	2 2 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Colburn

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Burns

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Vincent Powers, Jr.

(Address) 1715 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Nov 21, 1933

19. UNDERTAKER Henry Weis & Son

(Address) Eutaw & Mt. Lafayette Sts

Funeral Director or Undertaker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/28/33, 1933, to 11/19, 1933

I last saw h~~e~~r alive on 11/12, 1933. Death is said to have occurred on the date stated above, at 12:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of thyroid	
Other contributory causes of importance:	
Carcinomatosis	

Name of operation Curettage Date of 5/28/33

What test confirmed diagnosis? Histo. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. M. Warman, M. D.

(Address) Mercy Hospital.

V201933

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108 E 95478

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Reistertown Rd St. 15-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta Bragunier

(a) Residence: No. 2702 Reistertown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Thomas M. Bragunier

6. DATE OF BIRTH (month, day, year) Oct. 12-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Arthur Calimer

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Malinda Marshall

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. T. M. Bragunier
(Address) 2702 Reistertown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Waynesboro Pa. Date Nov 21, 1933

19. UNDERTAKER J. F. McCully
(Address) Huntingdon Pennsylvania

20. FILED ..... Registrar

V 201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1933. to November 18, 1933

I last saw her alive on November 18, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov. 13, 33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry T. Callenberg, M. D.

(Address) 2 W. Read St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 95479 E 95479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Bruce St., 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll Evans

(a) Residence: No. 521 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Evans

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Hattie Hopkins

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

17. INFORMANT Hattie Evans
(Address) 521 N. Bruce

18. BURIAL, CREMATION, OR REMOVAL

Place Harvest Md Date Nov 20, 19 31

19. UNDERTAKER Commissioner Health
(Address) Huntington Indiana

20. FILED Nov 18 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19

I last saw h alive on Nov 15 19 Death is said to have occurred on the date stated above, at M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — 5 Days — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. B. 1268-9

E 95480

ME 95480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Crowell

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Balto Co Police Dept

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Md Date Nov 20, 19[illegible]

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12- 33

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Injuries received Struck by a Western Maryland R. R. Eugene Number 924 near Glyndon Md

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Specify)

(Signed) John J. Clowney M. D.

Coroner

(Address) 36 Roland

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1258-9 E 95481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95481

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Walker

(a) Residence: No. 1516 Fairmount Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married (?)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clem Threat (?)

6. DATE OF BIRTH (month, day, year) Dec 21 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Midway, Ala.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Pearly Crawford

16. BIRTHPLACE (city or town) (State or country) Midway, Ala.

17. INFORMANT Records B.C.H. Ala.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Immanuel, of Md Date Nov 20, 1933

19. UNDERTAKER [illegible]

(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-10-33, 19..... to 11-15, 1933.

I last saw h[illegible] alive on 11-14, 1933 Death is said to have occurred on the date stated above, at 3:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?

Other contributory causes of importance: none

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. P. Brown M. D.

(Address) Baltimore City Hos.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95482

Registered No. 23-01 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 W. Cross St. St., Ward)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Wise.

(a) Residence: No. 102 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, Widowed, or DIVORCED, name of HUSBAND or WIFE: Margaret Wise.

6. DATE OF BIRTH (month, day, year) December 29, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George C. Wise.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Albertine Walther.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John I. Wise. (son)
(Address) 735 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 11/20, 1933

19. UNDERTAKER William Cook
(Address) 1217 St Paul

NOV 20 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If yes, specify

(Signed) Otto M Reinhardt Coroner, M. D.

11/20/33 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. B. 1268-9

E 95483

95483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Rogers Av 27-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Buechold

(a) Residence: No. 4005 Rogers Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Christina Buechold

6. DATE OF BIRTH (month, day, year): June 20th 1874

7. AGE — Years: 59 | Months: 7 | Days: 29 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas Co

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Buechold

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Brauer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Carl C. Buechold

(Address) 2309 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Date: 11/21/1933

19. UNDERTAKER: F. C. Shubert & Son

(Address) 1200 Eastern Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/19/1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Nov 15 1933

I last saw him alive on Nov 15 1933 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931

Other contributory causes of importance:

Cerebral hemorrhage	1 mo

Name of operation Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Summerfield M. D.

(Address) 4309 Gwynn Oak Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cvs 3

NOV 20 1933

M. D. H. 1268-9

E 95484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V + 184

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St., 14-el Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Shell Cockeysville
(a) Residence: No. (Usual place of abode) St., Ward, (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Shell

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER
13. NAME Wm Winn
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Eliza Shell

17. INFORMANT (Address) Cockeysville

18. BURIAL, CREMATION, OR REMOVAL. Place Cuba Cem Balto Date Nov 22 1933

19. UNDERTAKER (Address) John Burns Sons Towson

NOV 20 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .
I last saw h alive on Nov 20 1933 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Gangrene of Arm.	
Other contributory causes of importance: Shot self with Gun	

Name of operation Amputation of Arm Date of Nov 17
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 15 1933
Where did injury occur? Balto Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leavitt Smith M. D.
Coroner
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1368-9

E 95485

95485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Buggs

(a) Residence: No. 911 Linden Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Edmonia Buggs.

6. DATE OF BIRTH (month, day, year) October, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield Co., South Carolina

FATHER

13. NAME Sampson Buggs

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Carrie Cumon

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 20, 19

19. UNDERTAKER Dem. Bureau of Health.

(Address)

Filed NOV 20 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1933 to Nov. 13, 1933.

I last saw him alive on November 13 1933. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular-Renal Disease	2/1/33
Other contributory causes of importance: Acute cardiac dilatation	11/13/33

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) Dept. Vit. Stat. Bldg.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 20 1933

M. D. B. 1268-9

E 95486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95486

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Rodney Hardy

(a) Residence: No. 544 Bruce St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Fatine Hardy

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Record

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred, Md Date Nov 20 19 33

19. UNDERTAKER

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-13-33 19.. to 11-14-33 19..

I last saw alive on 11-14-33 19.. Death is said to have occurred on the date stated above, at 12½ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Dick Rogers M. D.

(Address) Provident Hospital

NOV 20 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95487

95487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 S. Robinson St., 1-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Carl A. Spangler

(a) Residence: No. 1105 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 7 - 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Spangler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Rode

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mary Spangler

(Address) 1105 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemt. Date Nov. 21, 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

NOV 20 1933

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1933, to Nov 18, 1933

I last saw him alive on Nov 18 1933 Death is said to have occurred on the date stated above, at 2.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	11/16/33

Other contributory causes of importance:

Acute Myocarditis	11/17/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) H. B. Fellows, M. D.

11/19/33 (Address) 315 S. Highland Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 95488

95488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 S Bond St. 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Brzeczko

(a) Residence: No. 619 S Bond st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) March 4th 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	19 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Anthony Brzeczko

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Kwiatkowska

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr Anthony Brzeczko
(Address) 619 S Bond st.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date Nov 21st 1933

19. UNDERTAKER George A Weber
(Address) 705 S Ann Street

20. FILED ..... 19..... Registrar.

NOV 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1933 to Nov 30 1933

I last saw her alive on Nov 28 1933. Death is said to have occurred on the date stated above, at 1.40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronch. Pneumonia (Lingular)	Nov 11 33

Other contributory causes of importance:

Acute Otitis. Media	4 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William J. Kyanek M. D.

(Address) 801 N Linwood

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 01933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95489

CERTIFICATE OF DEATH

E 95489
106-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Linden Ave. St. 14th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernhardine Kurrelmeyer

(a) Residence: No. 1529 Linden Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eberhard Kurrelmeyer

6. DATE OF BIRTH (month, day, year) Nov. 8-1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Veditz

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Anna M. Holthaus

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT William Kurrelmeyer
(Address) 1529 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemy. Date Nov. 22, 1933

19. UNDERTAKER John C. Littlefield & Sons
(Address) 1900 Eutaw Place

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20. 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1933 to Nov. 19 1933

I last saw her alive on Nov. 19 1933. Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	Nov. 10

Other contributory causes of importance:

old age

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in pu
place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of dece
no If so, specify

(Signed) D. Carl Wagen

(Address) 1702 Eutaw Place

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

95490
278856
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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 95490

+ 129

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond L. Burnett

(a) Residence: No. 261 N. Main St., ... Ward. Newark - Del.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Lillian

6. DATE OF BIRTH (month, day, year) Mar. 26-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C16

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Connecticutt

FATHER

13. NAME Frank Burnett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Bowen

16. BIRTHPLACE (city or town) (State or country) Rhode Island

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Newark Del Date Nov 22. 1933

19. UNDERTAKER John A. Whitehead & Son
(Address) 100 Eastern Ave

Nov 19 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-11-1933 to 11-20-1933

I last saw him alive on 11-20-1933 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria - Acute Uremia.	11/16/33
Post Operative Hypostatic Pneumonia, Massive Edema, Polycystic Kidneys	11/13/33

Other contributory causes of importance:

Blood Transfusion (Allergic Reaction)?	no

Name of operation Pustule Punch Date of 11/13/33

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Lovett M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 20 1933

M. D. P. 1268-9

E 95491

E 95491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Maryland General Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St., 2-601 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Caroline Simonsen

(a) Residence: No. 1928 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed.

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Anton Simonsen

6. DATE OF BIRTH (month, day, year) Jan-25 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER

13. NAME John Oss.

14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMANT Arthur Simonsen

(Address) 5168 Lugano Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Nov 21 1933

19. UNDERTAKER J. W. Zagrucki

(Address) 1930 Eastern Ave

20. FILED NOV 21 1933 Harrington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1933 to 11-18 1933

I last saw h~~e~~r alive on 11-18 1933 Death is said to have occurred on the date stated above, at 1145 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Oct 25'33
Acute pulmonary Edema	11-15-33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ... Md. Gen. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 W. Cold Spring Lane St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel A. Willis

(a) Residence: No. 3003 W. Cold Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Jan. 4, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Joseph H. Willis

14. BIRTHPLACE (city or town) -------
(State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Sturgis

16. BIRTHPLACE (city or town) --------
(State or country) Maryland

17. INFORMANT Miss Annette S. Willis
(Address) 3003 W. Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 11/21 33

19. UNDERTAKER Henry H. Meyers and Son
(Address) 925 W. Baltimore Street

20. FILED NOV 20 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1932 to Nov. 17th, 1933.

I last saw h.. alive on Nov. 17th, 1933. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Senility

Name of operation No Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) F. A. Chatard, M. D.

(Address) 1300 N. Calvert St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ E 95493

95493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 E. Biddle St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline White

(a) Residence: No. 1702 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph K. T. White

6. DATE OF BIRTH (month, day, year) Dec 2 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Hackenbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Albert Warnicka

(Address) 1104 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Mills, W. Va. (Registrar)

V201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1931 to Nov 19th 1933

I last saw her alive on Nov. 19th 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Dilated heart &	
Senile Edema of Legs	2 yrs.
& Abdomen	
Other contributory causes of importance:	
Hypostatic Pneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Visible Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Bennett M. D.

(Address) 1603 N. Monroe Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

95491

HEALTH DEPARTMENT—CITY OF BALTIMORE

95491

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 East 33d St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Baker Sutherland

(a) Residence: No. 303 E 33rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: George A Sutherland

6. DATE OF BIRTH (month, day, year): Oct. 7. 1846

7. AGE: Years 87 | Months 1 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William Baker

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lucon Cunningham

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs George Tarlett

(Address) 303 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: 11/21, 1933

19. UNDERTAKER: Wilson & Cook

(Address) 121 St Paul St

19. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933, to Nov 18, 1933

I last saw h[illegible] alive on Nov 18, 1933 Death is said to have occurred on the date stated above, at 4:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	Nov 11
Other contributory causes of importance: Chronic Int. Nephritis	
Cirrhosis of Liver	?
Mucous Insufficiency	
Anuria	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas B Fenwick, M. D.

(Address) 711 N Eutaw Pl

Z01933

Chas B Fenwick, M.D.

Form No. 3

IMPORTANT—WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 95495

HEALTH DEPARTMENT—CITY OF BALTIMORE

95495

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 240 Pearl St. 4-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Nicklas

(a) Residence: No. 240 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 23-1863

7. AGE Years	Months	Days	if LESS than 1 day, hrs. or min.
70	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME George Nicklas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME E. Carter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Lockard
(Address) 240 Pearl St

18. BURIAL, CREMATION, OR REMOVAL
Where Lorbaugh Date 11/21/33

19. UNDERTAKER Geo. H. Lorbaugh
(Address) Baltimore Md.

NOV 20 1933

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17- 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Valvular Heart Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 213 ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95496

95496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 28-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin B. Robinson

(a) Residence: No. 3223 Milford Ave St., Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 19, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Johnson Robinson

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Sara Jerusa Jefferson

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Sister) Eliz. Robinson.

(Address) 3223 Milford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date Nov 22, 1933

19. UNDERTAKER Chas. E. Black

(Address) 742 W. Lanvale Ave.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1933, to November 20, 1933

I last saw him alive on Nov. 20, 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach (Generalized Carcinomatosis of abdomen)	(?) ?

Other contributory causes of importance:

Name of operation Exploratory Date of 10/7/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Arthur Kanlan M. D.

(Address) Mercy Hospital

NOV 23 1933

AdCo. 5-31 250B

E 95497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95497

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2739 St Paul St., 12-01 (Ward)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Alberta Anderson

(a) Residence: No. 2739 St Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Holden W. Anderson

6. DATE OF BIRTH (month, day, year) Jan 16 1897

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	36	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home (3)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Massey (State or country) Kent co. Md

FATHER

13. NAME William Madkin

14. BIRTHPLACE (city or town) Unknown (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel Roberts

16. BIRTHPLACE (city or town) unknown (State or country) Delaware

17. INFORMANT Holden W. Anderson
(Address) 2739 St Paul st

18. BURIAL, CREMATION, OR REMOVAL
Massey Kent Co Md Date Nov 22 1933

19. UNDERTAKER Chas. S. Black
(Address) 720 N. Howard St

20. FILED ... 19 ... Registrar.

OV 201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to November 19, 1933

I last saw her alive on Nov. 14, 1933 death is said to have occurred on the date stated above, at 1130 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dengue fever	July 1933
Hypertension	
Aortitis	
not autopsied	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) O. T. Jones M. D.

(Address) 720 No North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 268-9 E 95498 ✓ E 95498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Pine Heights Drive St., 01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August H. Bachman

(a) Residence: No. 1042 Pine Heights Drive St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora C.

6. DATE OF BIRTH (month, day, year) June 14, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eleanora C. Bachman

(Address) 1042 Pine Heights Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 22nd, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

(Signed) Huntington Williams Registrar 11/20/33

NOV 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20th, 1933 to Nov. 20th, 1933

I last saw h alive on Nov. 20, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Suddenly

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms & Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Guy Waterman M. D.

(Address) 933 Patapsco Ave Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should supply.

M. D. Rev. 1934-4 E 95499 ✓ ME 95499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1847 Harford Ave St. 8-01 Ward)

Length of residence in city or town where death occurred 2/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Wagner

(a) Residence: No. 1847 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Wagner

6. DATE OF BIRTH (month, day, year) Jany 27/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Walters
(Address) 1847 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Park Date Nov 21st 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED NOV 21 1933 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5.25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	about 2 W
Chr. Nephritis	over 8 yrs

Other contributory causes of importance:

Traumatic Injury to lumbar region	Oct 30/33

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? In street car
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Public Conveyance

Manner of Injury In some manner fell in

Nature of Injury aisle of street car

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Koen, M. D.
Coroner

(Address) 508 E Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268 E 95500 ✓ E 95500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josenh Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida L. Creswell

(a) Residence: No. 1700 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late S. Frank Creswell

6. DATE OF BIRTH (month, day, year) Apr 29/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Lewis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo. F. Creswell (son)
(Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 21st 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED NOV 21 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (pylorus)	??

Other contributory causes of importance:

Name of operation Exploratory Incision Date of 11/16

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) John Cain M. D.
Coroner

(Address) 508 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blk E 95501

E 95501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 29 S. Gay St. ST., 4-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Wallenhorst.

(a) RESIDENCE NO. 29 S. Gay St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

length of residence in city or town where death occurred 71 yrs. ds. How long in U. S., if of foreign birth? 71 yrs. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of Annie Wallenhorst.

6 DATE OF BIRTH (month, day, and year) December 11, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Jeweler.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Arthur Wallenhorst.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Louisa Brandt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Lewis E. Kramer. (brotherinlaw)

(Address) 1504 E. Lanvale St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 19, 1933

17 I HEREBY CERTIFY, That I attended deceased from October 12th, 1933, to November 19, 1933, that I last saw h i m alive on November 19, 1933, and that death occurred, on the date stated above, at 12.55 a. m.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart and Kidneys. Arterio sclerosis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of the heart. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt. M. D.

11/20/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Nov 22nd 1933

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

M. D. H. 1268-9

E 95502

✓ E 95502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Harryman's Lane St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. Smith

(a) Residence: No. 424 Harryman's Lane St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Garland Mosley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lucy Bundy

(Address) 424 Harryman's Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cem Date 11/21 1933

19. UNDERTAKER Samuel T. Hensley

(Address) 518 N. Eutaw St.

FILED NOV 21 1933 1933 Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart

Date of onset

(Other contributory causes of importance:)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury [illegible] was related to occupation of deceased? .....

(Specify)

(Signed) John L. Mossner Coroner, M. D.

(Address) 1622 Poland

M. D. B. 1268-9 E 95503 Silver. ✓ E 95503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Gelvan

(a) Residence: No. 2125 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pate Harry.

6. DATE OF BIRTH (month, day, year) Dec 25 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Barney Billus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dobra Abrahamson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isidor Gelvan
(Address) 2125 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Rosedale Date NOV 21 1933

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St

20. FILED NOV 21 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1933 to Nov 20 1933

I last saw her alive on Nov 20 1933. Death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac insufficiency	Oct 10-33
Coronary Thrombosis	Nov 20-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126849 E 95504 ✓ E 95504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Audrey B Brown

(a) Residence: No. 1703 N Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 30 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse Brown

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Annie Spencer

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mrs. Wall (Address) 715 Druid street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Nov ... 1933

19. UNDERTAKER Walter D Jennings & Son (Address) 139 Lafayette Ave

Interment in Williams, N.C.

20. FILED Nov 21 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4:01 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental Burns
3rd degree

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/17/1933

Where did injury occur? 1703 N Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Poured Kerosene on Stove

Nature of Injury Burns on Body

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify No

(Signed) C. E. Herget M.D. M. D.
Coroner

(Address) 303 N Wolfe St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 95505 V E 95505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Zack Stidham

(a) Residence: No. 105 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Stidham

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	38			

OCCUPATION

8. Trade, professinn, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr.

10. Date deceased last wnrked at this occupatinn (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Tom Stidham

14. BIRTHPLACE (city or tnwn) (State or country) Ga.

MOTHER

15. MAIDEN NAME Anne ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anne Stidham

(Address) 105 S. Bond

18. BURIAL, CREMATION, OR REMOVAL Date 11/24/33

Place Asbury Cem. Date 11-22nd 1933

19. UNDERTAKER Bryant Mamus & Wright

(Address) 1218 McCulloh St

Registered. Huntington Avenue

NOV 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterial Hypertension	

Name of operation ..... Date of .....

What test cnnfirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. P. Nagy M. D. Coroner

(Address) 3209 Fallsway

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-B

E 95506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95506

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bay View Hospital

CITY OF BALTIMORE: (No. 4500 Baltimore St.) (Ward) 15-01

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Boy Bloom

(a) Residence: No. 1543 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day 7 hrs. or 15 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....ad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Phillip M. Bloom

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Rose Brownstein

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jewish Memorial Gardens Date Nov 17 1933

19. UNDERTAKER

(Address)

20. FILED ..... 19..... Registrar

NOV 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1933 to Nov. 18, 1933

I last saw him alive on Nov. 18, 1933 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.....

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) Gilmer K. Green M.D. M. D.

(Address) 4 W. Fayette

Information should be carefully supplied. Any blanks which cannot be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-4 E 95507

E 95507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Md. Gen. Hosp. 10-01

CITY OF BALTIMORE: (No. 954 Forrest St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Shannon

(a) Residence: No. 954 Forrest St., Ward Harper Farm

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Dorthy Reador

6. DATE OF BIRTH (month, day, year) Aug 16, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 603

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

FATHER

13. NAME Joseph Shannon

14. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

MOTHER

15. MAIDEN NAME Louisa Shannon

16. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

17. INFORMANT Mrs Daisy L Woolford

(Address) 525 N. Johnson St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Nov 21, 1933

19. UNDERTAKER Philip Henrig Sons

(Address) 2016 Orleans St.

20. FILED 19 Registrar.

NOV 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1933 to Nov. 20, 1933

I last saw ~~him~~ alive on Nov. 20, 1933. Death is said to have occurred on the date stated above, at 5.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) John D Aubrey M. D.

(Address) 3012 Northway Drive

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION is very important. See instructions on back of certificate.

1933

M. D. B. 1268-3 E 95508 E 95508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Justis J. Geisendaffer

(a) Residence: No. 1927 E. Hoffman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth E. Geisendaffer

6. DATE OF BIRTH (month, day, year) Nov. 16/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business Himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. MD

FATHER

13. NAME Chas. P. Geisendaffer

14. BIRTHPLACE (city or town) (State or country) Balto. MD.

MOTHER

15. MAIDEN NAME Mary Ellen Dudley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Elizabeth E. Geisendaffer
(Address) 1927 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov. 23/1933

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St.

Huntington Ave. Funeral Home
Registrar.

20. FILED NOV 21 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20/1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Chr(Pyloric) Gastric Ulcer with perforation	
Other contributory causes of importance:	
Bilateral Pulm Odema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Mc Cann M. D.
Coroner

(Address) 108 E Northern

M. D. B. 1268-A

E 95509 ~~E 95509~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Side Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Bloom

(a) Residence: No. 1543 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip M. Bloom

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ellis Bronstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Hebrew Friendship Date 11/24/33 19
Place

19. UNDERTAKER Jack Levin & Son
(Address) 1439 E. Baltimore St.

20. FILED NOV 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-33. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933, to Nov. 20, 1933.

I last saw her alive on Nov. 20, 1933. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza of Broncho-Pneumonia	Nov. 15
	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip M. Bloom M. D.

(Address) 2320 Eutaw Pl.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250

E 95510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95510

CERTIFICATE OF DEATH

V 92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003, Rosedale St. 16-01 Ward)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred A. Tucker

(a) Residence: No. 1003 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or ~~divorced~~ (or) WIFE of: James Tucker

6. DATE OF BIRTH (month, day, year): Aug 14 - 1898

7. AGE: Years 35 | Months 3 | Days 6 | If LESS than 1 day, hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saleslady 867
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Nov 10 1933
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Harry C. Harvey
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary E. Murray
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): James R Tucker 1003 Rosedale St

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place: Hampstead Md. Date: 11-23, 1933

19. UNDERTAKER (Address): Edw C Tipton Hampstead Md

20. FILED NOV 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933 to Nov 20, 1933

I last saw h[illegible] alive on Nov 20, 1933 death is said to have occurred on the date stated above, at 3.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/13/33

Other contributory causes of importance: Mitral Stenosis

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis T. Levy, M. D.
(Address) 1844 W. Lafayette Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95511

CERTIFICATE OF DEATH

E 95511

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Dundalk Ave St. City Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Anna Snyder

(a) Residence: No. 809 Dundalk ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Snyder

6. DATE OF BIRTH (month, day, year) Dec. 26/1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	24 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Snyder (Husband)
(Address) 807 Dundalk ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov. 23/33

19. UNDERTAKER Lilly & Feilgenson.
(Address) 403 E. Baltimore St.

20. FILED NOV 1 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20/33

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1933, to Nov 20th, 1933

I last saw her alive on Nov 19th, 1933 Death is said to have occurred on the date stated above, at 345 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

High Blood Pressure

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Adam Tod M. D.

(Address) 4616 Eastern ave

Information asked for on this certificate is necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 95512 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 95512

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 2-6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph R. Fenner.

(a) Residence: No. 918 S. Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Christopher Fenner.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Myrtle Finnerty.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Myrtle Fenner. (mother)
(Address) 918 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov 22. 193

19. UNDERTAKER Lilly & Zulig, Inc.
(Address) 4703 East Monument St.

20. FILED NOV 1933 19 Register. Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	
unknown.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Fenn Landt M. D.
Coroner
11/20/33 (Address) 1017 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

E 95513

46 V

STATE OF MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH
E 95513
County

Registration Dist. No.

Village or City Baltimore City (No. 2414, Caroline 1933 46-01 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James C. Rowling

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March (Month) 22 (Day) 1868 (Year)

7 AGE: 65 yrs. 7 mos. 28 ds. If LESS than 1 day, hrs. OR min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry business, or establishment in which employed (or employer): Retired

9 BIRTHPLACE (State or country): Leon Co. Md.

PARENTS

10 NAME OF FATHER: James Rowling.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Naig

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs John Groenwegel
(Address) 2414 Caroline Hyte -

15

16

NOV 21 1933

17

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Nov (Month) 19 (Day), 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ____, 1929, to Nov, 1933, that I last saw him alive on Nov 17, 1933, and that death occurred on the date stated above, at 2.45 A. m.

The CAUSE OF DEATH * was as follows:

Carcinoma Tonsil

(Duration) 4 yrs - mos ds.

Contributory (Secondary) Cachexia - Myocarditis

Decompensation.

(Duration) yrs 4 mos ds.

(Signed) Edward V. Reuter M D

Nov 19, 1933 (Address) Medical Arts Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 65 yrs 7 mos 28 ds. In the State 65 yrs 7 mos 28 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov. 23. 1933

20 UNDERTAKER: Robert S. Settle

ADDRESS 2706 Edmondson Ave.

21 Thurlington Fillmore, M.D.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Maryland. V. S. No. 1

E 95514

M. D. B. 1268-9

E 95514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Edmondson Ave St. 20-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma A. Mathews,

(a) Residence: No. 2301 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Mathews,

6. DATE OF BIRTH (month, day, year) October 28, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	--	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gustav Benisch,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Hoffman,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rhesa E. Kreh
(Address) 2301 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date NOV 22 1933, 19

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave

20. FILED NOV 21 1933, Thurman A. Nee, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 19 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933, to Nov 19, 1933.

I last saw her alive on Nov 19, 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, right breast. Approx 2 yrs ago	
Other contributory causes of importance: Carcinoma metastasis to right lung and mediastinum	Unknown

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Rollin E. Knudson M. D.

(Address) 606 Baltimore, Towson, Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95515 E 95515 V 76

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. ..... St., 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Ziba Resnowitz

(a) Residence: No. Belvedere Towers St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louis

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Hubbard

(Address) Belvedere Towers

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Date NOV 21 1933

19. UNDERTAKER S. Levinson Bro

(Address) 112 E Baltimore St

19..... Registrar

NOV 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1933, to 11-21, 1933

I last saw h.. alive on 11-20, 1933. Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	11-18-33
Chr. card. Val. disease	
Hypertension	
Tuberculosis of apices.	

Other contributory causes of importance:

Kyphosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Edmund Levin, M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 95516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95516

CERTIFICATE OF DEATH

131V

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1050 Vine st. ST. 18-01 (WARD)

2—FULL NAME Frank Dorsey.

(a) RESIDENCE NO. 1050 Vine ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dorsey.

6 DATE OF BIRTH (month, day, and year) Dec 25th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) Common Labor.

(c) Name of employer Non Employed

9 BIRTHPLACE (city or town) (State or country) Carroll County Maryland.

PARENTS

10 NAME OF FATHER Washington Darsey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Don't know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

14 Informant Maggie Freeland

(Address) 1050 Vine st

15 Filed NOV 21 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18/1933

17 I HEREBY CERTIFY, That I attended deceased from June 12 1933, to Nov 18 1933, that I last saw h[illegible] alive on Nov 18 1933, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis with Endocarditis

(duration) yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary) Interstitial Nefritis

(duration) yrs. 5 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Exam.

(Signed) Laboratory Report M. D.

Nov. 19 1933 (Address) [illegible] Darlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov. 21, 1933
20 UNDERTAKER Mrs Katie R. Williams	ADDRESS 322 N. Schroeder St.

Important. See instructions on back of certificate.

M. D. B. 1268-9 E 95517

E 95517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Brason St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Ritter

(a) Residence: No. 1625 Brason St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dora Myer

6. DATE OF BIRTH (month, day, year) June 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Ritter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Sherer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Dora Ritter

(Address) 1625 Brason St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 23. 1933

19. UNDERTAKER Chas J Stevens

(Address) 1201 E Fort Ave

20. FILED ... 19...

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1933 to Nov. 20, 1933

I last saw him alive on Nov. 19th, 1933 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic aortic regurgitation and chronic interstitial nephritis	probably two years before death

Other contributory causes of importance: ...

Name of operation - - - - - Date of ---

What test confirmed diagnosis? p.f. Was there an autopsy? ---

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

M. D. B. 12682

E 95518 ✓ E 95518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 E. 21st. St., G-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Thomas

(a) Residence: No. 526 E. 31st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada J. Thomas

6. DATE OF BIRTH (month, day, year) Aug. 7, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 04-5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Jane Diggs

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Carlton J. Thomas

(Address) 526 E. 21st. St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's P. E. Church Date Nov. 22, 1933

19. UNDERTAKER Wm. E. Black

(Address) 414 Broadway

Filed Nov 21 1933 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933 to Nov 19, 1933

I last saw he alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	—
Arteriosclerosis	—

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wolfsberg Fox M. D.

(Address) 208 E. Preston St.

M. D. B. 1208-9

E 95519

95519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 Mount St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Annie Jackson

(a) Residence: No. 246 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Mulatto Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Jackson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lizzie Howell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT William Jackson
(Address) 246 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemty Date 11/21 1933

19. UNDERTAKER Hattie B. Pinkett
(Address) 134 Whitwell St.

20. FILED NOV 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Nov 18 1933

I last saw h[illegible] alive on Nov 17 1933 Death is said to have occurred on the date stated above, at 4 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	11/4/33
Other contributory causes of importance:	
Lobar Pneumonia	10/7/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

11/21/33 (Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

95520 E 95520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 W. Lafayette Ave St. 21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene H. Bell

(a) Residence: No. 1222 W. Lafayette Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Bell

6. DATE OF BIRTH (month, day, year) Feb. 22, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Thomas Bell

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Burnside

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Maud Bell

(Address) 1222 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt Olivet Cem Date 11 22 1933

19. UNDERTAKER Samuel J Hemsley

(Address) 2220 Pennsylvania Ave

NOV 21 1933

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from inquest + autopsy, to ..... 19 .....

I last saw h alive on inquest + autopsy Death is said to have occurred on the date stated above, at 3.25 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dissecting Aneurysm of Aorta.	
Other contributory causes of importance: Hemopericardium	

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2202 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

95521

HEALTH DEPARTMENT—CITY OF BALTIMORE

95521

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Good Shepherd Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmore St. 14-01 Ward)

Length of residence in city or town where death occurred Life yrs. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myra Stannard

(a) Residence: No. 1516 Argyle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-22-65

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing factory
10. Date deceased last worked at this occupation (month and year) 930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Matthews
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sophia Williams
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ed. son Herman Montgomery
(Address) 516 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 11/23 1933

19. UNDERTAKER Samuel H. Hemler
(Address) 528 N. Bradford Ave

Baltimore, Md.

20. FILED NOV 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-12-, 1933, to 11-20-, 1933
I last saw her alive on 11-20-, 1933 death is said to have occurred on the date stated above, at 10:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs	11-16
Myocarditis	11-12
Other contributory causes of importance.	
Acute Bronchitis	11-12

Name of operation none Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Aubrey Hansard M. D.
(Address) 1838 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95522

95593
2771/2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Harrison

(a) Residence: No. 627 E 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/21/18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Harrison

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bertha Duffy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 11/22, 193

19. UNDERTAKER Geo L Farley
(Address) Fulton Ave & Fayette

20. FILED 11/21/1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933 to Nov 19, 1933

I last saw her alive on Nov 19, 1933 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Rheumatic heart disease	1927
Mitral insufficiency & stenosis	
Tricuspid insufficiency	
Chronic myocarditis	
Acute & chronic pericarditis	
Myocardial failure	

Other contributory causes of importance:
Acute rheumatic fever

Name of operation — Date of —

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) James Bordley — M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in every case, even if deceased was a child or an invalid. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. R. 1268-9

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95523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St., 14-01 Ward)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Taylor.

(a) Residence: No. 2134 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male. 4. Color or Race: Col. 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sarah Taylor

6. DATE OF BIRTH (month, day, year): Jan 23 1858

7. AGE: Years 75 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Wm Taylor

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Margaret Pitillo

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Sarah Taylor
(Address): 2134 Division

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Lion Date: Nov 22, 1933

19. UNDERTAKER: Joseph A Singley
(Address): 1611 Mary Street

Nov 21 1933 [illegible] Registrar.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1268-9

E 95524

95524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gilbert Brasher

(a) Residence: No. 724 Carroll St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-10-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
[illegible]	1	11.10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME John Gilbert Brasher

14. BIRTHPLACE (city or town) Balt Md
(State or country)

MOTHER

15. MAIDEN NAME Louise Seefeldt

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT William H. Brasher
(Address) 724 Carroll St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 11-22, 1933

19. UNDERTAKER Edmund Walter
(Address) 622 Washington Blvd

11-21 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-12-33, 19..., to 11-20-, 1933

I last saw him alive on 11-20-, 1933. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	11-6-33
Infectious diarrhoea	11-1-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H E Traylor M. D.

(Address) 1 and Ten Hayward

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95525

35525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4115 Granada Ave St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sebastiano B. Staiti

(a) Residence: No. 4115 Granada Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mariella Raimondi

6. DATE OF BIRTH (month, day, year) Oct 12th 1878

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
55	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Fruit

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Giacomo Staiti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Serafina Raimone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Staiti

(Address) 4115 Granada Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/22/1933

19. UNDERTAKER E. J. Fryning & Son

(Address) 1038 E. Fayette Ave.

20. [illegible] Registrar.

21 1933

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/1933

22. I HEREBY CERTIFY, That I attended deceased from 11-15-1933 to 11-18-1933

I last saw h[illegible] alive on 11-18-1933. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive valvular disease of heart.	?
Other contributory causes of importance:	
Angina Pectoris	11/15/33
Coronary Thrombosis.	11/17/33

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A. Tyler M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

95526

E 95526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas A. Hoffman

(a) Residence: No. 628 S Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Maria Hoffman

6. DATE OF BIRTH (month, day, year) Feb. 1, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75.	8	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emergency relief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~40~~

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hoffman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Veronica Riehler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Maria Hoffman
(Address) 628 S. Dallas St

18. BURIAL, CREMATION, OR REMOVAL.
Place Pt Lawrence Date Nov 21, 1933

19. UNDERTAKER Randall Hooper
(Address) 360 S Eden St.

(Filed) NOV 21 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1933, to Nov 19, 1933

I last saw h... alive on Nov 19, 1933. Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (Right Base) (type unidentified)	Nov 11, 1933
Coma Uremic	Nov 18, 1933

Other contributory causes of importance:

Cardiac Insufficiency	Nov 17, 1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Gunther Hochheim, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

9137

1:12 P.M.

E 95527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-al Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Arnson

(a) Residence: No. 3054 Washington Blvd, Cleveland Ward.
(Usual place of abode) Ohio (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sidney Arnson

6. DATE OF BIRTH (month, day, year) Nov. 28, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME G. F. Bogg

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME F. Auxbach

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland, Ohio Date 11-21- 1933

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Baltimore St.

V 21 1933

(Signature) ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1933 to Nov. 21 1933

I last saw her alive on Nov. 21 1933 Death is said to have occurred on the date stated above, at 3:12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Malignant	1931

Other contributory causes of importance:

Name of operation Cerebellar Exploration Date of 11-21-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

THE CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95528

HEALTH DEPARTMENT—CITY OF BALTIMORE

95528

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Waterview Ave. St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith R. Breen.

(a) Residence: No. 2814 Waterview Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Patrick Breen.

6. DATE OF BIRTH (month, day, year) September 27, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	1	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas M. Tyler.

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Edna A. Colein.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edna A. Tyler. (mother)
(Address) 2814 Waterview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/22 1933

19. UNDERTAKER Harry A. Cuitzhea
(Address) 718 E. Lanvale St.

V21 1933 Hampton Williams M.D.
(Signed) (Registrar) 11/21/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... I last saw h... alive on ... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage due to pistol shot wounds of the lungs, heart and aorta. Homicide.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Autopsy & inquest Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 11/18/33

Where did injury occur? at her home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 2814 Waterview Ave.

Manner of injury Pistol shot wounds.

Nature of injury Internal hemorrhage.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Reinhardt Coroner M. D.

(Address) 1017 E. Charles St. 11/21/33

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95529

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 100

CITY OF BALTIMORE: (No. Balto Md St. 27-61 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Stevens

(a) Residence: No. 1006 St George Rd St., Ward. Normandy Heights

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 8-11-88

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45 44	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Henry Heil

MOTHER

15. MAIDEN NAME Germany

16. BIRTHPLACE (city or town) (State or country) Julia Shirley Ireland

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Charles Pikesville Date Nov 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St.

20. FILED ... 19 ... Registrar.

21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-11- 1933 to 11-20 1933

I last saw her alive on 11-20- 1933 Death is said to have occurred on the date stated above, at 7.02A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Thrombophlebitis right leg

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Harry Trahmer M. D.

(Address) Baltimore City Hospitals

V. 913 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95530

23 V

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 12-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carroll Hansen

(a) Residence: No. 2116 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29, ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ~~—~~

11. Total time (years) spent in this occupation ~~—~~

12. BIRTHPLACE (city or town) Carroll Co (State or country) Md

FATHER

13. NAME Wm L Hansen

14. BIRTHPLACE (city or town) Carroll Co (State or country) Md

MOTHER

15. MAIDEN NAME Irene Davis

16. BIRTHPLACE (city or town) Baltimore Co (State or country) Md

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Md
Place Sandy Mount Date Nov 22nd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED NOV 21 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from November 17. 1933 to November 19 1933

I last saw h~~e~~ alive on November 19 1933 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, tuberculous	3 wks
Pulmonary tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magee M. D.

(Address) Balt City Hosp

Make CAUSE OF DEATH entries in plain English. See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1268-9

95531

E 95531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1944 Mosher St. 16-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin M Helmuth

(a) Residence: No. 1944 Mosher St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Helmuth

6. DATE OF BIRTH (month, day, year) July 2 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Govt

10. Date decedent last worked at this occupation (month, day, year) Jan 1927

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mark Helmuth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Helmuth
(Address) 1944 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 22nd 1933

19. UNDERTAKER Wm Cook
(Address) 1242 E Fayette St

20. FILED NOV 21 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Nov. 19 1933.

I last saw h.e alive on Nov. 1 1933 Death is said to have occurred on the date stated above, at 1.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, nephritic Acidemia	4 days
	1 yr.

Other contributory causes of importance:

Chronic Myocarditis & hypertension hypertrophied, prostate	2 yrs.

Name of operation ? Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Geo. E. Cadas M. D.

(Address) 4 W. Fulton —

State cause of death. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95532

HEALTH DEPARTMENT—CITY OF BALTIMORE

95532

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 E. 41st St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis A. Edwards

(a) Residence: No. 500 E 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Blanche B. Edward

6. DATE OF BIRTH (month, day, year) Dec 14th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 044

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 1930

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis A Edwards

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ida Wilson

16. BIRTHPLACE (city or town) (State or country) Georgetown D.C.

17. INFORMANT Blanche B Edwards

(Address) 500 E. 41st St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 24th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to Nov 21 1933.

I last saw h[illegible] alive on Nov 9 1933. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Nicolson M. D.

(Address) 1305 York Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. E 95533

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Rutland Ave. 8-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Kalvelage Jr.

(a) Residence: No. 1841 Rutland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Martha V. Kalvelage

6. DATE OF BIRTH (month, day, year) Jan 17th 1868

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. V. Van Fell Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James H. Kalvelage

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Martha V. Kalvelage

(Address) 1841 N. Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1307 E. Pratt St

Huntington Patterson Nov

Registrar.

No. 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/11 1933 to 11/19 1933

I last saw h/ M. alive on 11/11 1933. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Renal Disease & Terminal uremia	6-30-33 11/11/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wyatt S. Sloan M. D.

(Address) 1331 E. North Ave

STATE CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95534

95534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 N. Kenwood Ave. 6-01 Ward)

Length of residence in city or town where death occurred 1 yr. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva B. Southard

(a) Residence: No. 148 N. Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl D. Southard

6. DATE OF BIRTH (month, day, year) Aug 7, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry Dill

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A. Fister

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Earl D. Southard

(Address) 148 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Catonsville Md. Date Nov 24 1933

19. UNDERTAKER Chesnut & Son

(Address) 3615 Eastern Ave

20. FILED NOV 21 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24 1933 to Nov. 21 1933

I last saw her alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Intestines	Nov 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) Phillip Corrigan M. D.

(Address) 2442 Harford

See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

95535 E 95535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Eggerly Ave St., Mt Washington 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dorsey

(a) Residence: No. 1314 Eggerly Ave, Mt. Wash. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Dorsey

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
76 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm J. Dorsey

(Address) 1314 Eggerly Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Govans Date Nov 21, 1933

19. UNDERTAKER C. Lennox Dodson

(Address) 26-15-17 Chatham Ave

20. FILED NOV 21 1933 Huntington Phillips, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April, 1928 to Nov. 19, 1933

I last saw h— alive on Nov. 18, 1933 Death is said to have occurred on the date stated above, at 12 [illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Epitheliomatosum	

Other contributory causes of importance:

Hypertrophy of Prostate

Fibroid Tb. (Chronic)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Thacher M. D.

(Address) 4037 Falls Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2284-9 E 95536 ✓ E 95536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 9-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Greenmount Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Walters

(a) Residence: No. 3413 Greenmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Pauline Walters

6. DATE OF BIRTH (month, day, year) July 17th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ferdinand Walters

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Susanna Waters

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Anna Boone

(Address) 3413 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 22nd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 N Paca St

NOV 22 1933

(Signed) Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th 1933

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Nov 14 1933 to Nov 20th 1933

I last saw h~~im~~ alive on Nov 20th 1933 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. Hemi-Plegia	11-14-33

Other contributory causes of importance:

Arterio Sclerosis & Chronic	
Mitral Endocarditis, &	
Senility.	

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Cuson M. D.

(Address) 4936 Park Hgts. Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 95537 ✓ E 95537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 St Paul St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Wirtz

(a) Residence: No. 1010 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Carl Wirtz

6. DATE OF BIRTH (month, day, year) Sept 26th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Hardtick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Knopf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emil Wirtz

(Address) 1010 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Mossland Park Date Nov 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 22 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1933 to Nov 20 1933

I last saw her alive on Nov 20 1933 Death is said to have occurred on the date stated above, at 5½ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia (5 yrs)	
Carcinoma Vesicle Uterus	5 yrs
Other contributory causes of importance:	
Myocardial Insufficiency	8 da
Acidosis	3 da

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earle W Toone M. D.

(Address) 806 N Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 95538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95538

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Watkins

(a) Residence: No. Church Home & Infirmary Broadway Ward Fairmount
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 16/1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME John Nicholas Watkins

14. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

MOTHER

15. MAIDEN NAME Matilda Green

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

17. INFORMANT Mrs. Nina Swatka (
(Address) 2501 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19..

19. UNDERTAKER

(Address)

NOV 22 1933 Huntington Fitzgerald Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	Nov 19
XXXX

M. D. B. 1208-9 E 95539 ✓ E 95539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 16-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lizzie Elizabeth Johnson

(a) Residence: No. 917 2 Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towns Howard Co Md

FATHER

13. NAME Steve Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemtery Date NOV, 22, 1933

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman st

20. FILED Huntington Williams, Registrar.

NOV 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1933 to November 20, 1933

I last saw h[illegible] alive on November 20 1933. Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central hemorrhage, right	3 wks
Hypertension	?
	[illegible]

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Hagell M. D.

(Address) Baltimore City Hosp.

S 3 OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B E 95540 ✓ E 95540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1314 N. Carey St., (Ward) 15-01

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Green

(a) Residence: No. 1314 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Green

6. DATE OF BIRTH (month, day, year) May 1, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yr.

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Nancy Pagot

16. BIRTHPLACE (city or town) (State or country) Richmond Co. Va

17. INFORMANT Mary Green
(Address) 1314 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Nov 22 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st.

20. FILED 11-22-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1933, to Nov 19, 1933

I last saw him alive on Nov 18, 1933, death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	Sept 1933

Other contributory causes of importance:

Nephritis	

Name of operation None Date of

What test confirmed diagnosis Clinical, Lab (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Thacker Williams M. D.

(Address) 1830 Madison Ave

M. D. B. 1268-9

95541 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 95541

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S Bond St. 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Elsasser

(a) Residence: No. 506 S Bond St; Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Md

FATHER

13. NAME Isaac Germany

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louisa

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jack Levy Inc. 1439 E. Balto. St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 11/23/33

19. UNDERTAKER Jack Levy Inc 1439 E. Balto St.

20. FILED 1933 Huntington H. Williams M.D. Registrar.

V22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Failure — Date of onset .....

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95542

CERTIFICATE OF DEATH

59 95542

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St., 5-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Hall

(a) Residence: No. 421 N. Central Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Sex: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Hall

6. DATE OF BIRTH (month, day, year) 1877

7. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Deposit Ala

FATHER
13. NAME Frsbom Armstrong
14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER
15. MAIDEN NAME Catherine Kelly
16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Jessie Hall
(Address) 421 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Nov. 23rd 19 33

19. UNDERTAKER Byrd Magie W. Wright
(Address) 421 N Central Ave

20. FILED Nov 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19th 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
four hours	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) ...

M. D. B. 1268-0

E 95543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95543

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 912 N. Parrish St. (Ward) 16-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Saunders Gray

(a) Residence: No. 912 N. Parish St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isabella Gray

6. DATE OF BIRTH (month, day, year): Dec 25-1869

7. AGE: Years: 63 | Months: 10 | Days: 24 | If LESS than 1 day, hrs. or min.: ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Co Md

FATHER

13. NAME: Hezekiah Gray

14. BIRTHPLACE (city or town) (State or country): Co Md

MOTHER

15. MAIDEN NAME: Laura Haywood

16. BIRTHPLACE (city or town) (State or country): Co Md

17. INFORMANT: Isabella Gray
(Address) 912 N. Parrish St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov 22 1933

19. UNDERTAKER: W. A. Jones
(Address) 111 N. Gilmor St

FILED NOV 22 1933 Harrison Whitacre Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1933 to Nov 19 1933

I last saw h... alive on Nov 17 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation: Regular Date of: no

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. B. B. 1281-9 E 95544 ✓ E 95544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 914 W Arlington St., 16-al Ward)

Length of residence in city or town where death occurred . yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Boone

(a) Residence: No 914 W. Arlington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 1874
7. AGE: Years 59; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): Charleston Md

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Charleston

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): Charleston Md

17. INFORMANT: Esther Boone
(Address): 914 W. Arlington

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Co. Md Date [illegible], 1933

19. UNDERTAKER L. P. Davenport
(Address) 1024 Penna. Ave.

20. FILED [illegible], 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933, 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Intestinal Nephritis	6 days

Other contributory causes of importance:

Name of operation: Regular Date of:
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner
(Address)

Spec.—9-30—A. & G.—250 M.C.

E 95545 ✓ E 95545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 St Paul ST. 12-01 WARD)

2. FULL NAME William George White

(a) RESIDENCE NO. 2108 St Paul ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 89 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle McLean White

6 DATE OF BIRTH (month, day, and year) May 19, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Orlando White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Whitfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm. J. White
(Address) 2108 St Paul St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20/33

17

I HEREBY CERTIFY, That I attended deceased from Oct. 11-, 1933, to Nov. 20-, 1933

that I last saw h was alive on November 20. 1933

and that death occurred, on the date stated above, at 6. P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis. Chronic interstitial nephritis - Coronary arteries - Sclerosis - slight General History about (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. Bond Turner, M. D.

, 19 (Address) 2115 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Nov 22 19 33

20 UNDERTAKER: John D. Mitchell Sons — ADDRESS: 1700 Eutaw Place

Washington

M. D. R. 1268-9

E 95546 ✓ E 95546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Gough St. St. 2-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriett V. Cooper

(a) Residence: No. 1921 Gough St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Peter Cooper

6. DATE OF BIRTH (month, day, year): Feb. 16-1856

7. AGE: Years 77 | Months 9 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 086

9. Industry or business in which work was done, as mill, saw mill, bank, etc.: Goodwill Industry

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Seyers

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Laura V. Dorsey
(Address) 1921 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Mary's (Homelike) Date: Nov. 23. 1933

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED ... Registrar.

NOV 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 21. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19. 1933. to Nov. 21. 1933.

I last saw her alive on Nov 20 19... Death is said to have occurred on the date stated above, at 12:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/19/33

Other contributory causes of importance:

age	

Name of operation none Date of ...

What test confirmed diagnosis? c Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edd C. Zimmerman M.D.

(Address) 2857 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95547

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95547

CERTIFICATE OF DEATH

83

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4511 Keswick Road St., 47-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jesse F. Lewis

(a) Residence: No. 4511 Keswick Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary M. Lewis

6. DATE OF BIRTH (month, day, year): May 12 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: John Lewis

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Susanne Jackson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Mary M. Lewis

(Address): 4511 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Cemetery Nov. 22 1933

19. UNDERTAKER: Horace G. Burgee

(Address): 3631 Falls Road

20. FILED: NOV 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 20 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1933 to Nov 20 1933.

I last saw him alive on Nov 20 1933. Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (paralytic ileus)	5 yrs ago

Other contributory causes of importance: Intestinal Obstruction

Name of operation: None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Stroman Dreeben M. D.

(Address) 846 W 36th St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23-[illegible]

E 95548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95548

94-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2609 Reisterstown Rd ST.) 13-01 WARD)

2-FULL NAME Ada Henrietta Ziegler

(a) RESIDENCE NO. 2609 Reisterstown Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	40	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Work

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER Wm B. Ziegler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Helena C Sachs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Wm B Ziegler 2609 Reisterstown Rd

15 NOV 22 1933 Registrar: Huntington Phillips M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1933, to Nov 20, 1933, that I last saw h[illegible] alive on Nov 20, 1933 and that death occurred, on the date stated above, at 6 9 m

The CAUSE OF DEATH* was as follows: Coronary thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Jos J Nuttin, M. D.

11/21, 1933 (Address) 2419 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jerusalem Lutheran Cemetery

DATE OF BURIAL: 11/23 1933

UNDERTAKER: Sol Levinson & Bro

ADDRESS 112 E Balto St.

M. D. B. 1268-9 E 95549

278827

B. Metal.

✓ E 95549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-01 (Ward)

Length of residence in city or town where death occurred 47 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Fred Schindler

(a) Residence: No. 2217 Ellamont St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) March 19 1886 (Unknown)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Schindler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Augusta Wurgen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records, JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cmd City Date Nov. 22 1933

19. UNDERTAKER M. Engwiller

(Address) Huntington Tolera, N.Y.

(Signature) ..... 19 ..... Registrar

NOV 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1933 to Nov. 19 1933

I last saw him alive on Nov. 19 1933. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Extensive Bronchopneumonia	11-10-33
2. Coronary occlusion	11-10-33
3. ~~Diabetes mellitus~~	1929

Other contributory causes of importance:

Diabetes mellitus	1929
arteriosclerosis	1929
infection of rt foot	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital, Baltimore

Spec.—1-30—M. & T.—250 E 95550 ✓ E 95550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N. Carey ST., 18-01 WARD)

2-FULL NAME Annie Estella Hackett White

(a) RESIDENCE NO. 527 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Levi White

6 DATE OF BIRTH (month, day, and year) Sept 18 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm H. Hackett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah J. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Latina White Dadd

(Address) 527 N. Carey St.

15 Filed NOV 22 1933 Huntington Pittsburgh Penna REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19-33

17 I HEREBY CERTIFY, That I attended deceased from 11-13-, 1933, to 11-19-, 1933, that I last saw her alive on 11-19-, 1933, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) arteriosclerosis + hypertension

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank P. Saunders, M. D.

11-21-1933 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel — DATE OF BURIAL 11/22 1933

20 UNDERTAKER Saml. W. Close & Son — ADDRESS 638 N. Gilmor

M. D. B. 1268-9

E 95551 ✓ E 95551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 S. Hanover St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Potee

(a) Residence: No. 2611 S. Hanover St. XXX St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal e	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma M. Potee

6. DATE OF BIRTH (month, day, year) April 12 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8 7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex-Sheriff do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George N. Potee

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Roche

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Emma M. Potee
(Address) 2611 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 22 1933

19. UNDERTAKER John F. Deems
(Address) 715 Light St

20. FILED ..... 19 ..... Registrar

NOV 22 1933 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930 to Nov 19 1933

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	11/18/33
Other contributory causes of importance: Chronic Cardio-Nephritis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify .....

(Signed) O. B. Hopkins M. D.

(Address) 827 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0 E 95552 ✓ E 95552

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 Hanover St. 23-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Craig Harnesberger

(a) Residence: No. 1641 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Henry Harnesberger

6. DATE OF BIRTH (month, day, year) April 1, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Republic, Va.

FATHER

13. NAME John W. Lee

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Trout

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT William H. Harnesberger

(Address) 1641 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov. 23, 1933

19. UNDERTAKER John A. Deeg

(Address) 115 Light St.

Nov 22 1933 (Signed) ... Undertaker or Embalmer. Residence.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1933 to Nov 21 1933

I last saw her alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 12.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	
Nephritis	
Infl	
Other contributory causes of importance:	
Exhaustion	Nov 20

Name of operation none Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

Nov 22 1933 (Signed) H. L. Campbell, M. D.

2/33 (Address) 1644 Hanover St.

E 95553 V E 95553

M. D. B. 1268-F

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Hazel St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. da.

2. FULL NAME Jadwiga Folejewska

(a) Residence: No. 1630 Hazel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of widowed. —

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Golembiski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown. —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Son. — 1630 Hazel St. —
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.A.C. Date Nov 24 1933

19. UNDERTAKER Wm. S. Fialkowski
(Address) 200 Eastern Ave.

20. FILED Nov 24 1933 Huntington Ave. Registrar.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-33 19

22. I HEREBY CERTIFY, That I attended deceased from 8-17-33, 19..., to 11-20-33, 19...

I last saw her alive on 11-19-33, 19... Death is said to have occurred on the date stated above, at 11.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Head of the Pancreas. —	July 1933
Other contributory causes of importance:	
Carcinomatosis —	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence A. Sena, M. D.

(Address) 1009 Annapolis Blvd.

DEATH

M. D. B. 1268-9

95554 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 95554

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Garrett Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie V. Fuhl

(a) Residence: No. 2605 Garrett Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Fuhl

6. DATE OF BIRTH (month, day, year) May 13th 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Murphy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frank L. Fuhl
(Address) 2605 Garrett Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 23 1933

19. UNDERTAKER Frank C. Ogline
(Address) 2515 E. Baltimore St

NOV 22 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1933 to Nov 20 1933.

I last saw her alive on Nov 20 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 16/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Albert D. Legg M. D.

(Address) 742 S. Paca St

M. D. B. 1268-9

E 95555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95555

CERTIFICATE OF DEATH

161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Stricker St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gloria Dee Lynch

(a) Residence: No. 523 N Stricker St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 15 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balti Md

FATHER

13. NAME Edward Joseph Lynch

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Viola May Lyons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Viola May Lynch
(Address) 523 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Nov 22 1933

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Eutaw St

NOV 22 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933 to Nov 21, 1933

I last saw her alive on Nov 21, 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Nov 15
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edward Lee M. D.

(Address) 413 N Gilmor

OCCUPATION IS VERY Important. See instructions on back of this sheet.

M. D. B. 1268-9

95556 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 95556

CERTIFICATE OF DEATH

93-004 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2342 Reisterstown Rd St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bella Branskey

(a) Residence: No. 2342 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Venaver

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Carl Levin Inc (Address) 1532 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Balto - Hebrew Date 11/23/33 19

19. UNDERTAKER Levin Bros Inc (Address) 1532 E. Balto St.

20. FILED ~~Huntington Ave~~ BNY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1928, 1933, to Nov 22, 1933

I last saw her alive on Nov 22, 1933 Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemoplegia	1/3/28
Myocardial insufficiency	7/1/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Goldberg, M. D.

(Address) 2210 Eutaw Pl

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95557 E 95557

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH Sinai Hosp 27-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 60 yrs. ..... mos. ..... ds.

2. FULL NAME Harris Farber

(a) Residence: No. Levindale Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of Retta
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Executor
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cem. Date 11/22/33, 19

19. UNDERTAKER Levine Bros
(Address) 1004 E. Lexington St

20. FILED 11/22/33 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 19 33 to 11-21, 19 33

I last saw him alive on 11-21, 19 33 Death is said to have occurred on the date stated above, at 7.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident Embolism	11-21-33

Other contributory causes of importance:

Bronchopneumonia

Name of operation Suprapubic Cystotomy Date of 10-28-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark E. Hamm, M. D.

(Address) Sinai Hosp.

M. D. B. 1258-9

E 95558 E 95558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Taylor

(a) Residence: No. 337 N. Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-13-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER .....

(Address)

20. FILED NOV 22 1933 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-14-33 . 19 ..... to 11-20-33 . 19 .....

I last saw her alive on 11-20-33 . 19 Death is said to have occurred on the date stated above, at 3:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Neil Rose M. D.

(Address) President Hospital

M. D. B. 1268-9

E 95559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4839 Hazelwood ave St., 31-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth K. Quick

(a) Residence: No. 4839 Hazelwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William P. Quick

6. DATE OF BIRTH (month, day, year) Oct 19th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT William P. Quick
(Address) 4839 Hazelwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
place Jerusalem Cemetery Date Nov 23 1933

19. UNDERTAKER Frederick Sasaki Sons
(Address) 740 Belair Road

20. FILED ..... 19..... By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 . 1933

22. I HEREBY CERTIFY, That I attended deceased from October 15 1933 to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 10. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
and Stomach	

Other contributory causes of importance:

Cachexia and Metastasis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION IS VERY IMPORTANT

M. D. B 1268-9

E 95560 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 95560

CERTIFICATE OF DEATH

231

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Elliott

(a) Residence: No. Exeter & Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer City Hall

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME James D. Elliott

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Mary J.

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT Records
(Address) Back City Hall

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 11/24 1933

19. UNDERTAKER Edw Lowman
(Address) Washington Blvd

20. DATE 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1933 to Nov 20 1933

I last saw h alive on Nov 20 1933 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, fibroid & tuberculosis	? ?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T Phagan M. D.

(Address) Back City Hall

M. D. B. 1268-9

95561

E 95561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucille Fillis

(a) Residence: No. 3300 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 22, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME Alexander J. Fillis.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Anna A. Boyle.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Dr. A. J. Fillis (Brother)
(Address) Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Carbondale Pa Date Nov 22, 1933

19. UNDERTAKER Geo. F. Bauer & Son
(Address) 11 W. Mt Royal Ave

NOV 22 1933 Huntington, Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1933 to November 22, 1933.

I last saw her alive on Nov. 22, 1933 Death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933
Tuberculous Peritonitis	"
Tuberculous Spondilitis & Mylitis	"
Secondary Anemia	"
Toxic Myocarditis.	"

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Kurfess, M. D.

(Address) Mercy Hospital

M. D. B. 1265-9

E 95562

HEALTH DEPARTMENT—CITY OF BALTIMORE

95562

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pine Crest San. St., 25 Ward) Forward 145-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Shipley

(a) Residence: No. Pine Crest San. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Shipley

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Husband

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Clarence S. Jeffers

(Address) 25 Elliott Ave. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 22rd 1933

19. UNDERTAKER

(Address) S.E. Cor Calhoun & Hollins Sts

221933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1933 to November 21 1933

I last saw her alive on November 18 1933 Death is said to have occurred on the date stated above, at 11. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic Interstitial Nephr.	
Other contributory causes of importance: Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm Thomas Forbes M. D.

(Address) 20 West Preston Street

M. D. B. 1264-9

E 95563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-21 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Schneaf

(a) Residence: No. 9 S. Fulton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 19, 1933

7. AGE Years	Months	Days	If LESS than 1 day, 10 hrs. or min.
		1 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jones Schneaf
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Irene Smith
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 22, 1933

19. UNDERTAKER [illegible]
(Address)

22 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1933, to November 21, 1933.

I last saw her alive on November 21, 1933 Death is said to have occurred on the date stated above, at 2:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity Congenital Atelectasis	

Other contributory causes of importance:

Pleurisy Pneumonia Magnalis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E Savage, M. D.

(Address) Univ Hosp.

OCCUPATION IS VERY important.

M. D. B. 1268-9

E 95564

95564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 S Belnord Ave St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kornela Barowska

(a) Residence: No. 631 S. Belnard Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8 9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Antone Szablak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. F. Lanocha Daughter

(Address) 631 S Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 23 1933

19. UNDERTAKER J. W. Gazewski

(Address) 1933 E. Monument St.

NOV 21 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Nov 19, 1933

I last saw h alive on Nov 19, 1933 Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	May 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Rayard M. D.

(Address) 801 N Eutaw St

M. D. B. 1265-9

E 95565

95565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 821 S Lakewood St., 1/20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
If death in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If death in residence in city or town where death occurred

2. FULL NAME Robert McCauley
(a) Residence: No. 821 S Lakewood St., Ward
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 21. 33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newsboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John McCauley
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Elsie Patro
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John McCauley
(Address) 821 Lakewood St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov. 24 1933

19. UNDERTAKER P. H. Bozzuto
(Address) 1000 Washington Blvd

20. FILED NOV 22 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933 to Nov 21, 1933
I last saw h alive on Nov 21, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William L. Rosner M. D.
(Address) 821 Lakewood St

M. D. B. 1268-0

E 95566

95566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 S Lakewood Ave St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Pascala

(a) Residence: No. 821 S Lakewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 21. 33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Pascala

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elsie Petro

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Pascala
(Address) 821 S Lakewood St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 22, 1933

19. UNDERTAKER
(Address)

20. FILED DEC 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1933 to Nov 21 1933

I last saw h... alive on Nov 21, 1933 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Clifford Reavel M. D.

(Address) 801 S Lakewood

M. D. B 1268-9

95567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

LE 95567

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 W. 28, St. St. 12-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Willis

(a) Residence: No. 521 W. 28, St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 15, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Balto. Co.

FATHER

13. NAME John H. Willis

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Mary E. Hooker

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Mrs. Emma Soper

(Address) 521 W. 28. St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemt. Date Nov. 24, 1933

19. UNDERTAKER George W. Zipkin

(Address) 1737 E. Eager St

Eugene Williams

221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933 to Nov. 21, 1933

I last saw h.. alive on Nov 21, 1933 Death is said to have occurred on the date stated above, at 11, 15pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Years

Other contributory causes of importance:

Arteriosclerosis	Years
Senile Changes	Years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. A. Thompson M. D.

(Address) 1172 N. Eutaw St

M. D. B. 1268-9

✓ E 95568

HEALTH DEPARTMENT—CITY OF BALTIMORE

95568

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 6-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John Edward Gernuth

(a) Residence: No. 714 (Usual place of abode) Grantley St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma B. Gernuth

6. DATE OF BIRTH (month, day, year) 4-8-73

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitary Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ferdenand Gernuth

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Magdalene Schlickmaier

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Emma B Gernuth

(Address) 714 Grantley Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Nov 25 1933

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave

20. FILED ... Registrar.

22 1933

RPF

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1933, to 11/22, 1933

I last saw him alive on 11/22, 1933 Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumania	11/12/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Nicholas H. Crowther M. D.

(Address) Bon Secours Hosp.

M. D. B. 1268-9

✓ E 95569

HEALTH DEPARTMENT—CITY OF BALTIMORE

95569

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Belle Avenue St., 15-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Sinclair Palmer

(a) Residence: No. 4011 Belle Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of William P. Palmer

6. DATE OF BIRTH (month, day, year) June 3, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles H. Sinclair

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Kate H. Montgomery

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. William P. Palmer
(Address) 4011 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 23 1933

19. UNDERTAKER [illegible]
(Address) 1003 W. Baltimore St.

[illegible]
Registrar.

221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to Nov. 1933

I last saw her alive on Nov 20, 1933 Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia and internal Hemorrhage	

Other contributory causes of importance:

Carcinoma of the urinary bladder	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L Holmes M. D.

(Address) 4710 Liberty Heights Ave.

M. D. F. 1268-9

✓ E 95570

95570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Bolton - St. 14 - Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Myrtle R. Meader

(a) Residence: No. 2106 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Meader

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonnet Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S.

FATHER

13. NAME Gerding

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Harry Grasser

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place West Cary St. Date Nov 22 1933

19. UNDERTAKER W. H. McKee & Bro.

(Address) 1 E. Fayette St.

Registrar.

NOV 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1933, to Nov 20 1933.

I last saw her alive on Nov 20 1933. Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

Aortic insufficiency. Cardiac dilitation & hypertrophy - Myocardial disease - Not fatally decompensated

Date of onset Nov 10

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry D. McCarty M. D.

(Address) 37 W. Preston St.

H. D. B. 1268-9

E 95571

HEALTH DEPARTMENT—CITY OF BALTIMORE

95571

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 870 W. Fairmount Ave St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Smith

(a) Residence: No. 870 W. Fairmount Ave St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1909

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

13. NAME Lucy Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lillie Gilling

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillie Smith
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmen Date 4-23-33

19. UNDERTAKER Arnold Smith
(Address) 2 Huntington Ave

No. 22 1933 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) .....

M. D. B. 1268-9

35572 ✓ E 95572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 W. North Avenue St. 13-C Ward)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Henry Sanner

(a) Residence: No. 620 W. North Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Bridget

6. DATE OF BIRTH (month, day, year) July 22, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James H. Sanner

14. BIRTHPLACE (city or town) St. Mary's Count
(State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Thearle

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Emma C. Sanner
(Address) 620 W. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date 11/23 1933

19. UNDERTAKER Henry A. Weglein & Son
(Address) 805 N. Edmondson Avenue

... Registrar.

22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Nov 20 1933

I last saw h/~~m~~ alive on Nov 20 1933. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon & lymphatic metastases	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? PE. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Cairnes M. D.

(Address) 9 E. Chase St.

E 95573

M. D. B. 1268-B E 95573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH 3016 Baker St

CITY OF BALTIMORE: (No. 3016 Baker St St., 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Norton.

(a) Residence: No. 3016 Baker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late of mother Norton

6. DATE OF BIRTH (month, day, year) 5/15/1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Curtain

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bert Norton Son
(Address) 3016 Baker Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/24/33

19. UNDERTAKER H. C. Sommerdorf
(Address) 1136 Edmondson Ave

20. FILED ..... Registrar.

V22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-33

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1933, to Nov 21st, 1933

I last saw h[illegible] alive on Nov 21st, 1933 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General abdominal Carcinomatosis	about 1 yr.

Other contributory causes of importance:

	over

Name of operation Colostomy. about 5 yrs. Date of 7-4-33

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. D. Boyatt M. D.

(Address) 3045 Wilmont

AACo. 5-31 250M E 95574

E 95574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No. 91-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Patterson Park Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred 30 Years yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Lenoir

(a) Residence: No. 918 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Haberbusch

6. DATE OF BIRTH (month, day, year) March 4, 1893

7. AGE Years	Months	Days	If LESS than 1 day of hrs. or min.
40	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dudelange Luxenburg

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Luxenburg

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Luxenburg

17. INFORMANT Miss Anna Lenoir

(Address) 918 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Nov 23, 1933

19. UNDERTAKER George J. Kelly Inc.

(Address) 125 Harford Ave Phone

20. FILED NOV 23 1933 Huntington Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 ~~20~~, 1933 to Nov. 20, 1933

I last saw h~~im~~ alive on Nov. 20, 1933 death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	10/20/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent J. Jaska M. D

(Address) 845 N. Patterson Pk Ave

M. D. B. 1268-B E 95575 ✓ E 95575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Brown.

(a) Residence: No. 703 E. St. Spring Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa

6. DATE OF BIRTH (month, day, year) 11/30/1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	28	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Adam Brown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date 11/26/33 19

19. UNDERTAKER Jno. H. Edmonds & Son
(Address) 621 N. Gilmor St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-22- 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-16- 1933 to Nov-22- 1933

I last saw him alive on Nov-22- 1933 Death is said to have occurred on the date stated above, at 6 55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	11/22/33
Appendectomy, post operative	11/16/33
Bronchopneumonia	11/20/33

Other contributory causes of importance:

Name of operation Appendectomy Date of 11/16/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address) Johns Hopkins Hospital

A&Co. 5-3E 250B E 95576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95576

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital 37-01
CITY OF BALTIMORE: (No. 1000 Caton Avenue St., 37 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Katherine F. Cordle

(a) Residence: No. 4800 Laurel Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Cordle

6. DATE OF BIRTH (month, day, year) Dec 13 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 yrs.	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired gent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Knoxville
(State or country) Tenn.

MOTHER FATHER

13. NAME James Smith
14. BIRTHPLACE (city or town) Ireland
(State or country)
15. MAIDEN NAME Katherine Fleming
16. BIRTHPLACE (city or town) Portland
(State or country)

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Nov 25 1933

19. UNDERTAKER John F. Denny
(Address) 745 Light St
Huntington Postmaster, N.Y.

20. FILED 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, ..., 1933, to November 22, 1933
I last saw her alive on November 22 1933 death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with right hemiplegia	?
Other contributory causes of importance: Chronic Nephritis	?

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunler M. D.
(Address) St. Agnes Hospital.

M. D. B. 1268-9 E 95577 ✓ E 95577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

† 131

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Richard Randolph Snitcher

(a) Residence: No. Edgemere Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie E. Snitcher

6. DATE OF BIRTH (month, day, year) Oct 21 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME John Snitcher

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs Elsie M. Hagy

(Address) Edgemere Md

18. BURIAL, CREMATION, OR REMOVAL

Place Coatesville Pa Date Nov 24. 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED NOV 23 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-18 , 1933, to 11-21- , 1933.

I last saw him alive on 11-21- , 1933. Death is said to have occurred on the date stated above, at 1.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with decompensation	
Chronic nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) H E Gordon M. D.

(Address) Md Gen Hospital

M. D. B. 1268-A E 95578 E 95578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Clarmont St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A Redmond

(a) Residence: No. 3609 Clarmont St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie H. Redmond

6. DATE OF BIRTH (month, day, year) Oct 25-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John T. Redmond

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Turner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Carrie H. Redmond
(Address) 3609 Clarmont Rd.

18. BURIAL, CREMATION, OR REMOVAL London Park Date Nov 24. 1933

19. UNDERTAKER Martin Fahey Sons
(Address) 1527 W. North Ave.

20. FILED NOV 23 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 . 1933

22. I HEREBY CERTIFY, That I attended deceased from October 27 . 1933 to November 4 . 1933

I last saw h. alive on Nov. 24 . 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Influenza

Other contributory causes of importance:

Asthenia - Collapse

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Pickrell M. D.

(Address) 701 N. Fulton Ave.

M. D. B. 1268-9

E 95579

E 95579

131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Montpelier St., 9-01 Ward)

Length of residence in city or town where death occurred 59 yrs. 9 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfonse A. Seabrease

(a) Residence: No. 1718 Montpelier St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise E. Seabrease

6. DATE OF BIRTH (month, day, year) Feb 7 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) M.D.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town). (State or country) Unknown

17. INFORMANT Louise E. Seabrease
(Address) 1718 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 25, 1933

19. UNDERTAKER J. Bernard Segal
(Address) 1911 Pennsylvania Ave

20. Filed Nov 25 1933 Harry Lee Kerr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929 to Nov 23, 1933

I last saw him alive on Nov 23, 1933 Death is said to have occurred on the date stated above, at 7:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	indef
Other contributory causes of importance: Arteriosclerosis & Chronic Nephritis	4 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) L. E. Richards M. D.

(Address) 1120 N. Eutaw St

M. D. B. 1268-9 E 95580 E 95580

27840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellis Scott

(a) Residence: No. 2 Ensor ave St., ... Ward. Towson Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	29	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rosa Harris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem 11/23/33
Place Date 19

19. UNDERTAKER Bernd Brantley
(Address) 8182 Liberty Heights Ave

23 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933 to Nov 21, 1933

I last saw him alive on Nov 21, 1933. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Death with metastasis to liver & lungs	10-10-33
Chromaffin tumor of retroperitoneal tissue found at autopsy	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Josef J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-2

E 95581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95581

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27-01 Ward)

Length of residence in city or town where death occurred ....yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Bernard C. Katzen

(a) Residence: No. 4922 Litchfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-5-31

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
2	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Katzen

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Jack Lewis

(Address) 1439 E. Baltimore, St

18. BURIAL, CREMATION, OR REMOVAL

Place Mem. Gardens Date 11/23/33 19

19. UNDERTAKER Lewis Bros.

(Address) 1439 E. Baltimore St.

NOV 23 1933

(Signature of Registrar) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 .... , to ..... , 19 ....

I last saw h.... alive on ..... , 19 .... Death is said to have occurred on the date stated above, at 11.27 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	Nov 19/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. S. Bacon M. D.
Coroner

(Address) 508 E. Monument

M. D. B. 1258-9

E 95582

E 95582

HEALTH DEPARTMENT—CITY OF BALTIMORE

278283
MES.

CERTIFICATE OF DEATH

✓ 34

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-C Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Jackson

(a) Residence: No. 511 N. Marris St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 7-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	-5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Fleming Jackson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rose Gibson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Nov. 25 1933

19. UNDERTAKER for A Lively
(Address) 494 N. Mount street

NOV 23 1933 Washington Indiana Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-26- 1933 to 11-20- 1933

I last saw h[illegible] alive on 11-20 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Abscess in wall of uterus.	11/12/33
2. Septicemia staphylococcus aureus.	11/17/33
Acute bacterial endocarditis	11/12/33
Multiple abscesses in kidneys, heart muscle, liver and probably brain	11/17/33

Other contributory causes of importance:

Rheumatic heart disease & mitral stenosis & insufficiency	2
Syphilis, latent.	2

Name of operation Laparotomy Date of 11/12/33

What test confirmed diagnosis? Blood culture & autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry D. Stebbins M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9 E 95583 E 95583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Carroll

(a) Residence: No. 13 S. Schroeder St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Carroll (Dead)

6. DATE OF BIRTH (month, day, year) ? 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Henry Carroll

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Zion Date Nov. 24, 1933

19. UNDERTAKER Jos. A. Lively (Address) 409 N. Mount Street

20. FILED ..... 19 ..... [illegible]

23 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1931 to November 20, 1933

I last saw alive on November 20, 1933 Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days
Other contributory causes of importance: Hemiplegia, right due to old cerebral hemorrhage	2 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magee, M. D.

(Address) Balt. City Hosp.

AACo. 5-31 2500

E 95581 E 95584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2902 White ave St. 7-61 Ward)

Length of residence in city or town where death occurred 85 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Kamke

(a) Residence: No. 2902 White ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank H. Kamke

6. DATE OF BIRTH (month, day, year) Jan. 22 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Katherine Mayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles E. Hofstetter
(Address) 2902 White Ave.

18. BURIAL, CREMATION, OR REMOVAL
Where Baltimore Cemetery Date Nov. 24 1933

19. UNDERTAKER Frederick Sasscer & Sons
(Address) 7401 Ritchie Hwy

20. FILED ... 19 ... Registrar.

NOV 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1933 to Nov 21st 1933

I last saw her alive on Nov 21st 1933 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	June 1933
Other contributory causes of importance: Cerebral Anemia	Nov 1933
Arteriosclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo W. Hyngerford III M. D.

(Address) 401 E 25th St

AACo. 5-31 2500

E 95585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95585

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4409 Forrest View Ave St., 46-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank C. Waldman

(a) Residence: No. 4409 Forrest View Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Waldman

6. DATE OF BIRTH (month, day, year) May 21 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Nov. 20 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME William C. Waldman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Julia Brouhel

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary V. Waldman
(Address) 4409 Forrest View Ave.

18. BURIAL, CREMATION, OR REMOVAL Eastwood Cemetery Date Nov. 25 1933

19. UNDERTAKER Frederick Sasaman Son
(Address) 7401 Belair Road

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 33 to Nov 22 1933

I last saw h.. alive on Nov 22 1933 death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	Nov 22 1933
Other contributory causes of importance:	
Arterio-Sclerosis, Chronic Myocarditis,	Nov 22 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. A. Bennett, M. D.

(Address) 1 W. Oregon Ave.

6V-3 1933

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95586 107-001 E 95586

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Maisel St., 01-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Kunzel

(a) Residence: No. 714 Ramsay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kunzel

6. DATE OF BIRTH (month, day, year) May 22 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	5 6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose Le Tous West

(Address) 1901 Maisel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/24/33

19. UNDERTAKER F. C. Kippert & Son

(Address) 1300 Eutaw Place

EZRON

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21/1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1933 to Nov 20 1933

I last saw h[illegible] alive on Nov. 20 1933 Death is said to have occurred on the date stated above, at 5 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	not known
Other contributory causes of importance: Broncho-pneumonia	10/18/33

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) C. P. Roetling M. D.

(Address) 2623 Washington Blvd

M. D. B. 1268-B E 95587

E 95587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH,
CITY OF BALTIMORE: (No. 1359 Gorsuch Ave St. 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Imedora S. Koons

(a) Residence: No. 1359 (Usual place of abode) Gorsuch Ave St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorie E. Koons

6. DATE OF BIRTH (month, day, year) Sept 7 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME John T. Wilson

14. BIRTHPLACE (city or town) (State or country) Ellersburg Carroll Co Md.

MOTHER

15. MAIDEN NAME Sarah E Patterson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Dorie E. Koons
(Address) 1359 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem Date Nov 24. 1933

19. UNDERTAKER Frank Lyter
(Address) 1604 N Howard St

20. FILED 11 29 1933 Huntington Williams NT Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1933 to Nov 21 1933

I last saw her alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 12-10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Aug 1933
Other contributory causes of importance:	
Cardiac Insufficiency	Oct 1933

Name of operation Radical Breast Date of Aug 19, 1933

What test confirmed diagnosis? Microscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A Edwards M. D.

(Address) 2746 Waverly

M. D. P. 1268-9

E 95588

E 95588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3107 Garrison Av. St. 15-01 Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Whitaker.

(a) Residence: No. 3107. Garrison Av. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Whitaker.

6. DATE OF BIRTH (month, day, year) June 16- 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House. Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Herman.

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Barbara Goldsmith.

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT George W. Whitaker.
(Address) 3107 Garrison. Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Nov 23 1933

19. UNDERTAKER E. Schlosman & Son
(Address) 1039 Hanover St.

20. FILED NOV 23 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933, to Nov 21 1933

I last saw her alive on Nov 20 1933. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Mitral Endocarditis	Unknown

Other contributory causes of importance:

Chronic Nephritis	Unknown
Hypertension	

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. B. Exner M. D.

(Address) 4936 Park Heights Ave

E 95589

M. D. B. 1268-9

95589 — HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Barclay St. 12-01 Ward)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pauline Gayhardt

(a) Residence: No. 1713 Barclay St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo A. Gayhardt

6. DATE OF BIRTH (month, day, year) Feb 3rd 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Rudolph.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catharine Fix

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo A Gayhardt
(Address) 1713 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 11/ 1933

19. UNDERTAKER John J Cowan & Son.
(Address) 901 Hollins St.

Huntington Fitzpatrick

3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21/33

22. I HEREBY CERTIFY, That I attended deceased from July 17 1933 to Nov 21 1933

I last saw her alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 3.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	?
Apoplexy	7/17/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Fundus Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vincent K. Foka M. D.

(Address) 845 N. Patterson Pk Ave

—1-30—M. & T.—250 Bks

E 95590

95590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1013 McKean Av ST., 16-01 WARD)

2-FULL NAME Daniel McCarty

(a) RESIDENCE NO. 1013 McKean Av ST., ... WARD 18

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 12 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	3	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) Work for Himself

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John McCarty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

Informant Daniel T. Dolan

(Address) 1013 McKean Ave. Huntingdon Pennsylvania

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/22/33

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to Nov. 22, 1933,

that I last saw him alive on Nov. 20, 1933,

and that death occurred, on the date stated above, at 245 a. m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary Tuberculosis

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Pos. Sputum

(Signed) Wendell P. Dalby, M. D.

11/22, 1933 (Address) U.S. Vet. Adm. Ft. McHenry Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 11/25/1933.

20 UNDERTAKER John J. Cowan & Son

ADDRESS 921 Hollins St.

M. D. H. 1268-9

E 95591

E 95591 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St. 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Holmes

1a) Residence: No. 1522 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1884

7. AGE: Years 48 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford County

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: Harriett Richardson
16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Ethel Thompson
(Address): 1516 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem Date: Nov 23rd 1933

19. UNDERTAKER: [illegible]
(Address): [illegible]

Filed 23 1933 19 RFN Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....
I last saw h... alive on Nov 19 33 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Mitral Stenosis	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F Blair Coroner M. D.
(Address)

M. D. B. 1268-9

E 95592

HEALTH DEPARTMENT—CITY OF BALTIMORE

95592

CERTIFICATE OF DEATH

94-002

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Callaway Ave. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas M. Lumpkin

(a) Residence: No. 3409 Callaway Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Lumpkin

6. DATE OF BIRTH (month, day, year) Sept 12th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John R. Lumpkin

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Palmer

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Lillian Lumpkin

(Address) 3409 Callaway Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov. 24th 1933

19. UNDERTAKER Wm. J. Tuckner & Son

(Address) North & Pine.

23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from September 15. 1933. to November 22 1933

I last saw him alive on November 22. 1933 Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 15 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Corbett Stewart M. D.

(Address) 1738 E. 28th St

M. H. B. 1268-9

95593 E 95593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Armistead Smith

(a) Residence: No. 1276 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Smith (dec'd)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prattsville Va

FATHER

13. NAME Christopher Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cabrey Date Nov 25 1933

19. UNDERTAKER Robt H. Wilkinson

(Address) 1515 W. Eldersley St

F 1933 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1933 to Nov. 21 1933

I last saw alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception, general	?
Cerebral hemorrhage, right	3 wks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magee M. D.

(Address) East City Hosp.

M. D. B. 1268-9

E 95594

HEALTH DEPARTMENT—CITY OF BALTIMORE

95594

CERTIFICATE OF DEATH

X 1/21

Registered No. .....

1. PLACE OF DEATH United States Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Maryland St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? 18 yrs. ..... mos. ..... ds.

2. FULL NAME John DeCary

(a) Residence: No. 2688 Broadway, New York City St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Meyer DeCary

6. DATE OF BIRTH (month, day, year) July 10, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linen Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 9-29-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

FATHER

13. NAME Charles DeCary

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Philimena Lussier

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cemetery Date 11-24-33

19. UNDERTAKER Wendell E. Humphreys

(Address) [illegible] Huntington Indiana

FILED 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1933 to November 21, 1933

I last saw him alive on November 21 1933. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess, appendiceal	9-29-33
Obstruction, intestinal, due to adhesions	10-1-33

Other contributory causes of importance:

Name of operation Incision & drainage of abscesses Date of 10-[illegible]-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Hamm[illegible], M. D.

(Address) U. S. Marine Hospital

M. D. P. 1268-9

E 95595

5595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 117-002

Registered No. 25-01

1. PLACE OF DEATH St Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catherine J. Travers

(a) Residence: No. Elkridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John H. Travers

6. DATE OF BIRTH (month, day, year) Dec 15 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lowell Mass

FATHER

13. NAME Randolph Shute

14. BIRTHPLACE (city or town) (State or country) Lowell Mass

MOTHER

15. MAIDEN NAME Caroline Bills

16. BIRTHPLACE (city or town) (State or country) Lowell Mass

17. INFORMANT Mrs. Travers
(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Lowell Mass Date 11/25 1933

19. UNDERTAKER Wm Coyle & Co
(Address) 1217 St Paul St

Filed 19 Registrar.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1933 to Nov 23 1933

I last saw h.r alive on Nov 23 1933 Death is said to have occurred on the date stated above, at 7 10 a m.

The principal cause of death and related causes of importance were as follows:

Perforated Duodenal ulcer with Generalized Peritonitis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl G Norbeck M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

E 95596

5596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001

CITY OF BALTIMORE: (No. Balto Md 27-01 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Andrews

(a) Residence: No. 4430 Wrenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 11-25-69

7. AGE: Years 63 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME James Rigg

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Stephine Edgington

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Records Balto City Hospts.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 11-24-33

19. UNDERTAKER (Address) Wm Cook Funeral Home Huntington Station, N.Y.

FILED 23 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-25-1933 to 11-21-1933

I last saw her alive on 11-21-1933 Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchitis	
Pneumonia	2 wks
Cerebral Hemorrhage	
Other contributory causes of importance:	
Nephritis & Cerebral Arteriosclerosis	
Arteriosclerosis & Agitated Depression	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harry E. Wormuth M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

95597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

A 95597

V 82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals 90-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie W Downs

(a) Residence: No. 2929 Frederick Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bangor
(State or country) Maine

FATHER

13. NAME Colin L. Downs

14. BIRTHPLACE (city or town) .....
(State or country) Me

MOTHER

15. MAIDEN NAME Almira Dow

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 11/24 1933

19. UNDERTAKER Wm Cook & Son
(Address) 1211 E Fayette St

Registrar. Huntington Williams, M.D.

NOV 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933, to Nov 22, 1933

I last saw her alive on Nov 22, 1933 Death is said to have occurred on the date stated above, at 7.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right	13 days
Hypertension	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H S Haguel M. D.

(Address) Balt. City Hosp.

M. D. B. 1265-9

E 95598

HEALTH DEPARTMENT—CITY OF BALTIMORE

95598

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willert Edw. Towner

(a) Residence: No. 2508 Lakeland Ave (Lakeland)

(Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1st 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John. E. Towner

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Catherine E. Mahrenholz

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT John. E. Towner

(Address) 2508 Lakeland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 11/27th 1933

19. UNDERTAKER Bernard C. Hahn

(Address) 1000 E Pacca St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/23 1933

Where did injury occur? Waco-Va

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell into fish pond

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

AE 95599

CERTIFICATE OF DEATH

95599

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Gladys. Slouch.

(a) Residence: No. 1725 Patapsco. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George A. Slouch.

7. DATE OF BIRTH (month, day, year) March. 17 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME of Father Plummer Wade

14. BIRTHPLACE (city or town) (State or country) Maryland -

15. MAIDEN NAME of Mother Mary. Chase

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT George A Slouch

(Address) 1725 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 11/25 1933

19. UNDERTAKER E & B Harder

(Address) 425 E. Fort Ave.

11/25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1933 to Nov. 21 1933

I last saw her alive on 11/21 1933 Death is said to have occurred on the date stated above, at 5.08 P m.

The principal cause of death and related causes of importance were as follows:

Abscess of Brain

Date of onset

Other contributory causes of importance:

Broncho-pneumonia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy N. Cromwell M. D. Coroner

(Address) 1625 Patapsco Ave. Brooklyn

M. D. B. 1265-9

E 95600

95600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7 V 46

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Quatmann

(a) Residence: No. Towson, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~last WIFE of~~ Sophia Quatmann

6. DATE OF BIRTH (month, day, year) Oct. 28 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator 53

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Frederick J Quatmann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Frink.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Sophia Quatmann

(Address) Towson Maryland

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 11/24 1933

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave.

231933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20 1933

22. I HEREBY CERTIFY, That I attended deceased from November 10 1933 to November 20 1933

I last saw h~~a~~alive on November 20 1933 Death is said to have occurred on the date stated above, at 5-06 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of rectum	?
2. Intestinal obstruction	11-1-33
3. Hypostatic pneumonia.	
4. Aortic kidney - right	
Other contributory causes of importance:	
1. Mal gangrena	
2. Metastases to liver & mesenteric lymph nodes	

Name of operation colostomy Date of 11-15-33

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J M Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

D. B. 1268-9 E 95601 E 95601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Aull St., 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred c/o yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer A. Emery

(a) Residence: No. 617 Aull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 11/1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lillian Emery

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Lillian Emery (Mother)
(Address) 201 N. Rose St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 11/25 19 33

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED NOV 24 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 9:30 night.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Intestinal Toxemia 2	days?
Type undetermined)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. L. Kaufman, M. D.

(Address) 501 E. Lanvale Corner

M. D. B. 1268-9

E 95602 E 95602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.. mos. 5 5 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Malwine schoenrock Jack Barry

(a) Residence: No. Ruxton, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Barry

6. DATE OF BIRTH (month, day, year) June 13, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
39	6 5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9-7-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Schoenrock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 11/25/33

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul

20. FILED NOV 24 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-F-33, 19.., to 11-23-33, 19..

I last saw her alive on Nov 23, 1933. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism ?	11-23-33
Carcinoma of right Breast	1931
with metastases	

Other contributory causes of importance:

Name of operation Radical mastectomy R. Date of 12-7-31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp

E 95603

D. H. 1268-a

95603 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95603

93-004

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Pronounced Dead at
CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis R. Hartwig

(a) Residence: No. 831 N. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Hartwig

DATE OF BIRTH (month, day, year) Feb 10/1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stewart & Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Louis R. Hartwig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary A. Hartwig
(Address) 831 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balt. Date Nov 25 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

NOV 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23/33. 19

22. I HEREBY CERTIFY, That I attended deceased from
19 . to 19
I last saw h alive on 19 Death is said
to have occurred on the date stated above, at about 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
("History" of "Heart Trouble" for some time	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.
(Address)

Spec—1-10-21—M&T—150 Bks.

E 95604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95604

125-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 213 r Parrish ST.. 19-01 WARD)

2-FULL NAME Laura Hart

(a) RESIDENCE NO. 213 r Parrish ST.. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Hart

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md.

PARENTS

10 NAME OF FATHER Geoff Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles E. Hart

(Address) 213 r Parrish St.

Filed NOV 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Nov 22, 1933,

that I last saw her alive on Nov 20, 1933,

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Acute nephritis.

with splenic involvements

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Hepatitis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

11 (Signed) Bernard S. French, M. D.

22, 1933 (Address) 2329 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Nov 24, 1933

UNDERTAKER Mrs Kate R. Williams

ADDRESS 3211 Edmondson

H. D. B. 1268 E 95605 ✓ E 95605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 W. Saratoga St., 18-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Harper —

(a) Residence: No. 822 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Mary Cook

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary Cook
(Address) 822 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL.
Place New Cathedral Date Nov 24, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 324 N. Stricker St.

20. FILED NOV 24 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ...

I last saw h alive on ....., 19 ... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arterio-sclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

E 95606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25-01 94-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital. (Ward)

Length of residence in city or town where death occurred 55 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James C. Donaldson.

(a) Residence: No. 419 Patapsco Ave. Brooklyn, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, XXXXXXXXXX XXXXXXX Addie Donaldson.

DATE OF BIRTH (month, day, year) December 26, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	26 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co. 015

10. Date deceased last worked at this occupation (month and year) Nov. 21, 1933 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Joshua Donaldson.

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Mary J. Thurrell.

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Addie Donaldson. (wife)
(Address) 419 Patapsco Ave. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 24. 1933

19. UNDERTAKER John A. Young
(Address) 915 Light St.

20. FILED NOV 24 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? at industry.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto A. Reinhardt Coroner . M. D.
11/22/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9 E 95607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95607

82-001

Registered No. 19-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 W. Lombard St. St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hollie S. Kerr

(a) Residence: No. 1521 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Kerr

6. DATE OF BIRTH (month, day, year) May 22, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Alexander Linton

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Louise Kife

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT John F. Kerr

(Address) 1521 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pk. Date 11/24/33 19

19. UNDERTAKER Harry A. Whitehill

(Address) 2101 W. Madison Ave.

20. FILED NOV 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933 to Nov. 22, 1933

I last saw deceased alive on Nov. 21, 1933. Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 1
Other contributory causes of importance: Hypertension	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. B. Schaible M. D.

(Address) 548 Fulton Ave.

M. D. B. 1938-9 E 95608 ✓ E 95608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 W. Lexington St., 19-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie T. Jester

(a) Residence: No. 1622 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1867

7. AGE: Years 66 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Unkown

14. BIRTHPLACE (city or town) (State or country) unkown

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Unkown

17. INFORMANT Hiram Smith

(Address) 2340 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Place Antioch Cem. Date 11/24 1933

19. UNDERTAKER Samuel T. Hemsley

(Address) 578 N. Bradford St.

20. FILED NOV 24 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1933 to Nov 22 1933

I last saw h alive on Nov 22 1933 Death is said to have occurred on the date stated above, at 5:46 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Nov 13

Other contributory (secondary) importance: Arthritis and Gastritis

Name of operation — Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. T. Calloway M. D.

(Address) 2039 McCulloh St

Spec.—9-30—A. & Co.—250 Bks

E 95609 ✓ E 95609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Provident Hospital ST 14-01 WARD)

2. FULL NAME Nelson Jordon Jr.

(a) RESIDENCE NO. 1018 Eye St ST ..... WARD Sparrows pt Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-10-33

7 AGE: Years | Months | Days: 12 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nelson Jordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Fannie Gant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Nelson Jordon Sr.
(Address) 1018 Eye St Sparrows pt

15 Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22-33

17 I HEREBY CERTIFY, That I attended deceased from 11-10 1933 to 11-22 1933

that I last saw h.. alive on 11-22 1933

and that death occurred, on the date stated above, at 2.50 p. m.

The CAUSE OF DEATH* was as follows:

Partial Atlectasis
Bi-lateral

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Leptomeningeal Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Calvin B. Kecompte M. D.

11-22 1933 (Address) Provident Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. Arbor DATE OF BURIAL: Nov. 26 1933

20 UNDERTAKER: Sam'l. W. Cease Sr. ADDRESS: 638 N. Gilmor

H. D. H. 1268-9

E 95610 ✓ E 95610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James T. Dorman

(a) Residence: No. 604 S. Montford Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Dorman

DATE OF BIRTH (month, day, year) April 16, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 072
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20 yr.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James Dorman

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT James Dorman (Son)
(Address) 604 S. Montford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov. 25, 1933

19. UNDERTAKER HENRY SANDER & SON, INC.
(Address) BROADWAY & BALTO. ST.

20. FILED 24 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov, 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance: Cerebral Fracture of Skull	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury Oct 1, 1933

Where did injury occur? Lombard & Bond Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Tripped on step

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) ... Coroner ... M. D.

(Address) 320 N. Fulton Ave

M. D. B. 1268-9 E 95611 ✓ E 95611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Dean St. St., 26-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. JOHN AULT

(a) Residence: No. 625 S. Dean St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Annie Ault

6. DATE OF BIRTH (month, day, year) Sept. 7. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway Dept. 05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1928

11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Ault

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Hauser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Ault (Wife)

(Address) 625 S. Dean St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Nov. 24. 1933

19. UNDERTAKER HENRY SANDER & SONS, INC. H. Sander.

(Address) Baltimore St. & Broadway.

20. FILED NOV 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21. 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Nov 21 1933

last saw h— alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Other contributory causes of importance:	
Acute Myocarditis	11/20/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11/23/33 (Signed) Horace A. Tittle M. D.

(Address) 314 S. Highland Ave.

M. D. B. 1268-9 E 95612 ✓ E 95612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 E. Preston St. E-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Scott

(a) Residence: No. 2410 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Scott

6. DATE OF BIRTH (month, day, year) March 1- 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7 8	27 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joseph Yuhn

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Antonia Nebes.

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Christine Strunsow Sister

(Address) 2717 Hugo

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Nov. 27th 1933

19. UNDERTAKER Jno. H. Valentine

(Address) 2326 Auburn Ave.

Huntington Ave. Funeral Home

Registrar.

NOV 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 - 1933

22. I HEREBY CERTIFY, That I attended deceased from April 23 1932 to Nov. 23 1933

I last saw her alive on Nov 22 1933 Death is said to have occurred on the date stated above, at 9 30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonary Tuberculosis	apr 32
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F A Stevens M. D.

11/23/33 (Address) 2818 Harford Rd

M. D. F. 1366-C

E 95613 ✓ E 95613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., J-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Herman

(a) Residence: No. 1808 Bank St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Herman

6. DATE OF BIRTH (month, day, year) Nov 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	67	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hosiery Stocker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 049

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore ?

FATHER

13. NAME Crist

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Crist

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Nov 27, 33

19. UNDERTAKER John F. Mahan

(Address) 3600 E. Balto St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933 to Nov. 22, 1933

I last saw her alive on Nov 22, 1933 Death is said to have occurred on the date stated above, at 4:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 hrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 95614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 95614

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5218 Harford Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul J. Schroeter

(a) Residence: No. 5218 Harford ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret J. Schroeter

6. DATE OF BIRTH (month, day, year): Dec 28-1869

7. AGE: Years 63 | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Woodworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 14 yrs

10. Date deceased last worked at this occupation (month and year): 1919

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Dont Know

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Margaret J. Schroeter

(Address) 5218 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Laraine Park Date: Nov 20, 1933

19. UNDERTAKER: John Leerich

(Address) 2108 Orleans

20. FILED: 24 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to Nov 21, 1933

I last saw him alive on Nov 21, 1933 Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease — Date of onset: Several years

Other contributory causes of importance: Myocardial Insufficiency — Nov 5/33

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Morris B. Green, M. D.

(Address) 5543 Harford Rd City

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95615 E 95615

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp, St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John K. Nies

(a) Residence: No. 2218 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mathilda Nies

6. DATE OF BIRTH (month, day, year): Jan 7. 1865

7. AGE: Years 68 | Months 10 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ret 11 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Caspar Nies

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dorothea

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs J Nies (Address) 2221 E Orleans St

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Cem. Date Nov 24 33

19. UNDERTAKER: John Ulrich (Address) 200 S Arlington Ave

DATE 11-24-1933 Huntington Avenue, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11 1, 1933, to 11 22, 1933

I last saw h.m alive on 11 22, 1933. Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF STOMACH	CMC.

Other contributory causes of importance:

DIABETES MELLITUS

CHRONIC MYOCARDITIS

GENERAL PERITONITIS

SUB TOTAL

Name of operation EXPLORATORY LAPAROTOMY Date of 11 13 33

What test confirmed diagnosis? CLINICAL Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. Richard Taylor M. D.

(Address) Union Mem. Hosp.

E 95816

✓ E 95616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N. Fulton Ave. St., 19-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Marie Kriete

(a) Residence: No. 309 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward N. Kriete

6. DATE OF BIRTH (month, day, year) Dec. 31, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Andrew Debertin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Herrman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma L. Kriete

(Address) 309 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. 11/24/33

19. UNDERTAKER John C. Mitchell Funeral Home

(Address) 1900 Eutaw Place.

20. FILED Huntington Williams, Registrar. N.M.D.

NOV 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1933 to Nov 22 1933

I last saw her alive on Nov 22 1933 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder duct & Pylorus & Head of Stomach	3 mos ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Time of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Julius A. Brown M. D.

(Address) 612 N. 40 St

M. D. H. 3204-A

E 95617

HEALTH DEPARTMENT—CITY OF BALTIMORE

279110

124-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 26-01 Ward)

Length of residenre in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Salvatore Giocondo

(a) Residence: No. 200 S Haven St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Concetta

6. DATE OF BIRTH (month, day, year) 11/6/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 19

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectioner

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Ernesto Salvatore

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmelita Marenatore

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 24 1933

19. UNDERTAKER Chas B. Kirchgaessner
(Address) 627 S. Paca

NOV 24 1933 Registrar Clayton Kilmon M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1933, to Nov 22, 1933

I last saw him alive on Nov 22, 1933 Death is said to have occurred on the date stated above, at 5 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Pernicious Anaemia	
Cardiac insufficiency	Nov 1
? Cirrhosis of liver	
Probably Alcoholic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carmichael Tilghman M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95618

CERTIFICATE OF DEATH

93-004 E 95618

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 E. Federal St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate S. Basham

(a) Residence: No. 1804 E. Federal St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Henry R. Basham

DATE OF BIRTH (month, day, year) Mar. 15/1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Hurtt

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Henry R. Basham

(Address) 1804 E. Federal st.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem Date Nov. 22 1933

19. UNDERTAKER Philip Herwig & Sons

(Address) 2414 Eastern Ave

20. FILED NOV 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance: General Sclerosis (Areteric)	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

I hereby certify that I attended deceased from . 19 to . 19 that I last saw h alive on . 19 and that death occurred on the date stated above, at . m.

Signed Joseph Hall, M. D. Coroner

(Address) 508 E Fort Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-95619

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 S. Clinton St. No-Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Dieterman

(a) Residence: No. 1135 S. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gustav Dieterman

6. DATE OF BIRTH (month, day, year) Jan 25 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME James Dixon

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Haskell

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Gustav Dieterman
(Address) 1135 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Nov 27 1933

19. UNDERTAKER Phil. E. Herring Sons
(Address) 2516 E. Eager St

Registrar. Nov 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov 23 1933

I last saw h... alive on Nov 22 1933 Death is said to have occurred on the date stated above, at 7.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Other contributory causes of importance:	
Chronic Myocarditis	11/1/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frances B. Sutton, M. D.

(Address) 315 S. Highland Ave

D. B. 1268-9

95620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95620

94-083

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Dearing

(a) Residence: No. 1106 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Dearing

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Gearing

(Address) 2114 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 11-24-33. 19

19. UNDERTAKER Jack Lewis, Inc.

(Address) 1431 E. Balto. St

NOV 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Carey Coroner . M. D.

(Address) 10 E. North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95621 108 E 95621

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lemndale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Shocket

(a) Residence: No. Lemndale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Shocket
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rodeph Sholom Cem Date 11-24- 1933

19. UNDERTAKER Jacob Levine Inc.
(Address) 1439 E Baltimore St.

20. FILED NOV 24 1933 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1931 to Nov 23 1933

I last saw h... alive on Nov 23 1933 Death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar pneumonia	11-11-33
Hypertension	
Arteriosclerosis	
Left hemiplegia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Edmund Kern M. D.
Lemndale

M. D. B. 1268-9

E 95622

95622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Huntington Avenue St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased lived Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BERNARD KAISER

(a) Residence: No. 2831 Huntington Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of :::::::

6. DATE OF BIRTH (month, day, year) Mar. 4, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Burran

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sarah Kaiser
(Address) 287 W. 37th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov. 25 1933

19. UNDERTAKER Chas. T. Davis & Son
(Address) 119 W. Mt. Royal Ave

4 1933 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Nov. 23 1933

I last saw h alive on Nov 23 1933 Death is said to have occurred on the date stated above, at 11:30 a

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis ? Sudden

Other contributory causes of importance:

Arteriosclerosis & Chronic Nephritis Sudden

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1122 W. 36th St

M. D. B. 1268-0

E 95623

95623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Washington St., 2-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wladyslawa Gardocka

(a) Residence: No. 616 S. Washington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antoni Gardocki

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Przybozowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jozefa Rozinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Gardocki
(Address) 616 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Nov. 26 1933

19. UNDERTAKER J. F. Rozanski
(Address) 1930 E. Eastern Ave.

20. FILED ... 19 ... Registrar.

41533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21 1933

22. I HEREBY CERTIFY, That I attended deceased from November 19 1933 to November 21 1933

I last saw HER alive on November 21 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuffiency	Oct. 193
Other contributory causes of importance:	
Arteriosclerosis	
Pulmonary edema	Nov. 21

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph F. Rozanski M. D.

(Address) 209 S. Chester St.

M. D. B. 1268-9

E. 95624

95624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2748 Fenwick Ave St. 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank C. Long Sr

(a) Residence: No. 2748 Fenwick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Long.

6. DATE OF BIRTH (month, day, year) Dec 7. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Martha Bowman
(Address) 2748 Fenwick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Nov 25. 1933

19. UNDERTAKER Mr. & Mrs. John D. Kempfer & Son
(Address) 501 W. Fayette St

24 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 ..... 19..... to Nov 23 ..... 19..... I last saw h.... alive on Nov 22 ..... 19..... Death is said to have occurred on the date stated above, at 12:38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 14

Other contributory causes of importance:

Arterio Sclerosis	
Chronic Nephritis - D. 1	2.
Influenza Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1269-9

Chesley E 95625

95625

HEALTH DEPARTMENT—CITY OF BALTIMORE

X-23

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Chesley

(a) Residence: No. Ridge & Washington Blvd. Ward. A A Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28, 1915

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER FATHER

13. NAME John Wesley Chesley

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

15. MAIDEN NAME Agnes Thomas

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT John Wesley Chesley
(Address) Ridge Ave and Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place St. Augustine Cemetery Date Nov. 25 1933

19. UNDERTAKER Jno Peter R. Williams
(Address) 32 [illegible] Huntington Ave

24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-14 1933 to 11-22 1933

I last saw h[illegible] alive on 11-22 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar), Bilateral	11-19

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Francis Warner M. D.

(Address) University Hospital

M. D. B. 1268-9

E 95626

HEALTH DEPARTMENT—CITY OF BALTIMORE

95626

CERTIFICATE OF DEATH

1085

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Johnson

(a) Residence: No. 311 N. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hebron P. Johnson

6. DATE OF BIRTH (month, day, year): May 5, 1897

7. AGE — Years: 36 | Months: 6 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oyster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Little Island, S. C.

MOTHER FATHER

13. NAME: Henry Johnson

14. BIRTHPLACE (city or town) (State or country): Little Island, S. C.

15. MAIDEN NAME: Dinah Grant

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Hebron P. Johnson

(Address) 311 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 26, 1933

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 E. Lexington St.

Huntington Station N.Y.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 11-9-33 ..... 19 ..... to 11-21-33 ..... 19 .....

I last saw him alive on 11-21-33 ..... 19 ..... Death is said to have occurred on the date stated above, at 10 P ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Neil Rogers M. D.

(Address) .....

M. D. B. 1268-9

E 95627

5627

James

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Good Shepherd Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmore St. St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Jones

(a) Residence: No. 304 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-1-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month, day, year) 11-22-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

FATHER

13. NAME John Dept

14. BIRTHPLACE (city or town) (State or country) Chestertown, Md

MOTHER

15. MAIDEN NAME Fannie Ray

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs Carrie Jones

(Address) 424 N. Calhoun Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown, Md Date Nov. 25 1933

19. UNDERTAKER Mr Peter R Williams

(Address) 220 E. Biddle St.

[illegible] 1933

Registrar.

FILED 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to Nov. 21, 1933

that I last saw her alive on Nov. 21, 1933 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	11-22
Hypertensive cardio-vascular disease	
Other contributory causes of importance:	
Interstitial nephritis	

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Aubrey Marshall M. D.

(Address) 1838 Linden Ave

M. D. B. 1268-B

E 95628

5628 19214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard Rommel

(a) Residence: No. Ferguson ave St., ... Ward. Carney Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 8-26-32

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	14	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Rommel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catharine Ward

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Nov 25 1933

19. UNDERTAKER Leo G. Leech

(Address) 1733 N. Patterson Park Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933 to Nov 23, 1933

I last saw him alive on Nov 23, 1933 Death is said to have occurred on the date stated above, at 5-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Nov 17
Pulmonary Tuberculosis,	(?)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John H. Washington M. D.

(Address) Johns Hopkins

M. D. B. 1268-9

95629 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35629

CERTIFICATE OF DEATH

V 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 N. Broadway St., 8-0 Ward)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Webster Farrow

(a) Residence: No. 1626 N. Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles William Farrow

6. DATE OF BIRTH (month, day, year) Sept 28 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife 029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Webster Foxwell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Trexler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Wm. Farrow
(Address) 1626 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Interment
Place Greenmount Date Nov. 25 , 19 33

19. UNDERTAKER John F. Kenny
(Address) 1 Fountain St

[illegible] Huntington Ave, Mass

NOV 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 , 1933 , to Nov. 23 , 1933

I last saw her alive on Nov. 23 , 1933 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov. 20/33
Chronic Myocarditis	

Other contributory causes of importance:
Giant Cyst of Ovary 10 years duration.

Name of operation Tap. of Cyst Date of Nov. 22 '33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Edgar J. Swindell M. D.
(Address) 11 Medical Arts Bldg.

M. D. B. 1268-9

E 95630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95630

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 3-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bruggy

(a) Residence: No. 500 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 16 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown Md.

MOTHER'S FATHER'S

13. NAME John Bruggy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Lang

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 11/25 '33

19. UNDERTAKER Hagan Mortuary (Address) 1 E Lexington St

FILED 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933, to Nov 21, 1933

I last saw him alive on Nov 21, 1933 Death is said to have occurred on the date stated above, at 2 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermittent	?
Hypertension	?
Myocardial failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Thagard M. D.

(Address) Balt. City Hosp

M. D. B. 1268-9

E 95631

5631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-051

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 E. 28th St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Margaret Sadler

(a) Residence: No. 507 E. 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: James Wm Sadler

7. DATE OF BIRTH (month, day, year): Mar 26th 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of Father: Wm Fleming

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of Mother: Elizabeth V.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Cordelia M. Sadler

(Address) 507 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill (Towson) Date Nov 25th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

Filed 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11th 1933 to Nov. 23rd 1933

I last saw her alive on Nov 22nd 1933. Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	April 1932
Mitral Regurgitation	
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation: — Date of: —

What test confirmed diagnosis: Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo J. Mengert M.D. M. D.

(Address) 401 N 20th St

Spec.—1-10-21—M&T—1500 Bks.

E 95632

HEALTH DEPARTMENT—CITY OF BALTIMORE

95632

CERTIFICATE OF DEATH.

V 107-001

REGISTERED NO. 19-81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 410 N. Monroe ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Clemente Storm

(a) RESIDENCE NO. 410 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Theresa Storm.

6 DATE OF BIRTH (month, day, and year) July 18 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	4	5.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. Dye maker.

(b) General nature of industry, business, or establishment in which employed (or employer) Silk factory

(c) Name of employer Samuel Kirk Sons

9 BIRTHPLACE (City or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Fred. Storm.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margarite Hooper.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Fred Storm 410 N. Monroe St

Filed Nov 23 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1933, to Nov. 23, 1933, that I last saw him alive on Nov 20, 1933, and that death occurred, on the date stated above, at 9.28 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia —

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical + laboratory findings

(Signed) Chas Certain Stewart — M. D.

11/23 1933 (Address) 1738 E. 28th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Nov 25 — 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

M. D. B. 1268-9

E 95633

HEALTH DEPARTMENT—CITY OF BALTIMORE

95633

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenway Apartments 7J - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. if of foreign birth 38 yrs. mos. da.

2. FULL NAME Rodolphe Henri Motta

(a) Residence: No. Keston 2nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celeste Virginie Motta

6. DATE OF BIRTH (month, day, year) Jan 23 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Nov 22 1933

11. Total time (years) spent in this occupation Lifetime adult life

12. BIRTHPLACE (city or town) Amsterdam
(State or country) Holland

13. NAME P. A. Motta

14. BIRTHPLACE (city or town) Paris
(State or country) France

15. MAIDEN NAME Johanna Gangoni

16. BIRTHPLACE (city or town) Trieste
(State or country) Italy

17. INFORMANT Celeste Virginie Motta
(Address) Keston - Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov 25 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

Filed NOV 25 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1933 to Nov. 23 1933

I last saw h.e. alive on Nov 23 1933. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation with great tachycardia	Nov 22 1933
Other contributory causes of importance:	
Chronic myocarditis with marked hypertrophy Arterial Hypertension	Long 1933

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm L. Dabney M. D.

(Address) Keston. 2nd

5 1933

D. B. 1268-9

E 95634

5634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. St. Joseph Hospital St., 12-01 Ward)

ngth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 54 yrs. mos. ds.

2. FULL NAME Ellen Blake

(a) Residence: No. 347 E. 22nd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert C. Blake

DATE OF BIRTH (month, day, year) Dec 24/1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Hugh Killmurry

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Jane Laugh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Franklin Blake

(Address) 347 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date Nov 27 1933

19. UNDERTAKER Kirwan Bros

(Address) Huntington Pike

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	??
Chr. Myocarditis	

Other contributory causes of importance:

Fractured Left hip	Oct 6/33

Name of operation Splint Date of Oct 8

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 5/33

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street in front of home

Manner of injury Knocked down by two boys

Nature of injury While in play.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos Kane M. D.

(Address) 508 E North Ave Coroner

M. D. B. 1268-B

E 95635

5635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 600 W Lemmon St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esse Kaminsky

(a) Residence: No. 1810 Cascadia Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~: Married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charles Kaminsky

7. DATE OF BIRTH (month, day, year): Dec 11 - 1894

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME: Michael Coolidge

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Chas Kaminsky 1810 Cascadia Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Holy Redeemer Date: 11/27/33

19. UNDERTAKER (Address): Geo H. Lemmert 1201 Lemmert St

Huntington Pike

FILED 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-21-1933 to 11-23-1933

I last saw h.e.r. alive on 11-23-1933. Death is said to have occurred on the date stated above, at ..... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	6 wks
Other contributory causes of importance:	do

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry J. Harris M. D.

(Address) Municipal Hospital

D. B. 1268-9

E 95636

HEALTH DEPARTMENT—CITY OF BALTIMORE

95636

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 24-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Lauman

(a) Residence: No. 1519 Bearon St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophia Lauman

DATE OF BIRTH (month, day, year) Sept 3rd 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME August Lauman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Sophia Lauman
(Address) 1519 Bearon St

BURIAL, CREMATION, OR REMOVAL
Place Lorraby Date 11/25 1933

UNDERTAKER Maynard A Flynn
(Address) 1422 Hillsdale

41933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial failure	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) B Pleasants Jr M. D.
Coroner

(Address) 1211 Eutaw Pl

aCo. 5-31 250B

E 95637

HEALTH DEPARTMENT—CITY OF BALTIMORE

95637

CERTIFICATE OF DEATH

95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. South Balto. General Hospital St. or Ward.)

ngth of residence in city or town where death occurred 60 yrs. 2 mos. 15 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Jacobs

(a) Residence: No. Deuicke Hotel, Light & Camden Sts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 8, 1873

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	60	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Mordecai Jacobs

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Mary Elizabeth Hartlove

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs Emma Wright

(Address) 611 Plymouth Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Nov 26 1933

19. UNDERTAKER Wm. J. Tickner & Son

(Address) Nod & Pa. Ave.

20. FILED ... Registrar.

25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933 to Nov. 23, 1933

I last saw h... alive on Nov. 23, 1933 death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	Nov. 1933

Other contributory causes of importance:

Chronic Bronchitis	1928
Secondary Anemia	1928
Chronic Alcoholism	1920

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) D. M'Currie M. D.

(Address) So. Balto. Gen'l Hosp

rec.—1-12 23—M&T—500 Blks.

95638 E 95638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 Arbutus St. 25-21 WARD)

2-FULL NAME Marie Koch.

(a) RESIDENCE NO. 2318 Arbutus St. One WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. Koch.

DATE OF BIRTH (month, day, and year) Feb 24 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	1	

OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Fred Koch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Koch.

(Address) 2318 Arbutus Ave.

15 Filed Nov 25 1933 Huntington Williams Koch Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 12 1933 to Nov 23 1933, that I last saw h alive on Nov 23 1933, and that death occurred, on the date stated above, at 3.20 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) No yrs. No mos 11 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Paralysis

(Signed) R J Klamm. M. D.

(Address) 2708 Harlem Ave, Bal Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Nov 25-33

20 UNDERTAKER Bernard G Feick ADDRESS 784 Washington Blvd

5 1933 . 19

M. D. B. 1268-9

✓ E 95639

95639

27918

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 11-01 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Frank Hawkins

(a) Residence: No. 919 Madison ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie

6. DATE OF BIRTH (month, day, year): July - 1876

7. AGE — Years: 57 — Months: 4 — Days: — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oo+

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): "

FATHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 11/25/33

19. UNDERTAKER: Mrs. Chas. L. Hold
(Address) 1/2 Druid Hill Ave & Eutaw

20. FILED 11/25/33 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1933 to Nov 23 1933.

I last saw him alive on Nov 23 1933. Death is said to have occurred on the date stated above, at 6.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Insufficiency - Uremia	?
Benign Prostatic Hypertrophy	?
Septicemia and Overwhelming	?
General Uremia.	
Other contributory causes of importance: Acute Retention	6 days
Stricture of urethra	?

Name of operation None Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 95640

95640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Thomas.

(a) Residence: No. 1836 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Thomas (Dead)

6. DATE OF BIRTH (month, day, year): May 29, 1874

7. AGE: Years 59 | Months 5 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Mary's Co Md

MOTHER

13. NAME: Rebecca Gilbert

14. BIRTHPLACE (city or town) (State or country): St. Mary's Co Md

15. MAIDEN NAME: Rebecca Gilbert

16. BIRTHPLACE (city or town) (State or country): St Marys Co Md

17. INFORMANT (Address): Records Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place: Laurel Date: 11/25/33

19. UNDERTAKER (Address): Mrs. Geo. H. Holland 63 Laurel Hill Ave Huntington Station, N.Y.

20. 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Nov. 22, 1933

I last saw him alive on Nov 22 1933. Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage right C	? No
Left hemiplegia	?
Arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Magruder M. D.

(Address) Balt. City Hospitals

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95641 E 95641

CERTIFICATE OF DEATH

92-001

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 St Paul St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Griffith Galloway

(a) Residence: No. 1716 St Paul St., ... Ward. Resident.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced: BUSBAND of (or) WIFE of W. T. H. Galloway

6. DATE OF BIRTH (month, day, year) March 14, 1864

7. AGE: Years 69 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none | 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

13. NAME Dr. Chas. J. Griffith

14. BIRTHPLACE (city or town) Balto. County (State or country) Md.

15. MAIDEN NAME Eleanor Griffith

16. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

17. INFORMANT W. H. Galloway (son)
(Address) 1716 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Cockeysville Md. Date Nov 26 1933

19. UNDERTAKER Staunton Towson Co.
(Address) 108 W Monument

NOV 25 1933 19 Hunting for Insurance, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1933 to Nov 24, 1933

last saw h... alive on Nov 22, 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Deformans many years duration	
Other contributory causes of importance:	
Endocarditis several years duration	

Name of operation none Date of —

What test confirmed diagnosis? physical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward K. Ballard M. D.

(Address) 1622 Mt Royal Ave

M. D. B. 1268-9

35642

HEALTH DEPARTMENT—CITY OF BALTIMORE

35642

CERTIFICATE OF DEATH

107-001

Registered No. 14-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Day

(a) Residence: No. 1426 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Day

6. DATE OF BIRTH (month, day, year) Jan 16 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Va

MOTHER FATHER

13. NAME Samuel Irby

14. BIRTHPLACE (city or town) (State or country) Campbell Co Va

15. MAIDEN NAME Sadie Fisher

16. BIRTHPLACE (city or town) (State or country) Danville Va

17. INFORMANT Rosa Day

(Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Danville Va. Date Nov 25, 1933

19. UNDERTAKER Harry H Nolte

(Address) 1101 Eutaw Pl

NOV 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Nov 23 1933

I last saw h alive on Nov 23 1933. Death is said to have occurred on the date stated above, at 6.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 D
Adhesive pericarditis	?
Arteriosclerosis	?
Hypertension	?
Myocardial failure	3 Mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Ye

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. P. Magill M. D.

(Address) Balto City Hosp

I. D. B 1268-9

95643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ TITLOW

93-E 95643

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 s Macon St ..... St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T Williams

(a) Residence: No. 323 S Macon St ..... St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE the late Mattie Williams

DATE OF BIRTH (month, day, year) Aug. 3. 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired car ins.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. inspector P.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT William H Williams (Son)
(Address) 3 23 S Macon St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak LawnCemt Date Nov 25 1933

19. UNDERTAKER Tilley & Twilow
(Address) 153 W Ost

20. FILED Nov 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1930 to Nov 23 1933

I last saw h alive on Nov 23 1933 Death is said to have occurred on the date stated above, at 10 A m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual

Other contributory causes of importance:

Acute Myocarditis	11/21/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Horace B. Tuttle M. D.

(Address) 14 S Highland Ave

D. B. 1268-9

E 95644

HEALTH DEPARTMENT—CITY OF BALTIMORE

95644

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Mary Johnson

(a) Residence: No. 120 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7-53

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME E. H. Johnson

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Johnson
(Address) 1207 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place P.E. Auburn Date Nov 25, 1933

19. UNDERTAKER Wm. Tait, T. H. Williams
(Address) 322 E. Pratt St.

20. FILED Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24-1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Primary Bronchopneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Feller Coroner, M. D.

(Address) 322 E. Lexington St.

D. B. 1268-9

5645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95645
107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 Lemmon St., 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Smith

(a) Residence: No. 853 Lemmon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15 - 23

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Lillie Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillie Smith
(Address) 853 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov. 25, 1923

19. UNDERTAKER Mrs. Lottie Pendleton
(Address) 322 E. Lombard St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1923

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Primary Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

D. B. 1268-9

Willis Pulliam

E 95646

HEALTH DEPARTMENT—CITY OF BALTIMORE

95646

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Willis Pulliam

(a) Residence: No. 300 E-23½ St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza

6. DATE OF BIRTH (month, day, year) Dec 2-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Richard Pulliam

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Margaret Richmond

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Virginia Eccleston

(Address) 2549 Oak St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Nov 26 1933

UNDERTAKER Mrs R A Elliott

(Address) 1124 W. Saratoga

Fleming Funeral Home

FILED NOV 25 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accident- Fracture of 4th & 5th Vertebra

Date of onset

Other contributory causes of importance: Fell down steps

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner, M. D.

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95647 E 95647 92-001 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 796 W. Saratoga St., 4-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia E. Brown

(a) Residence: No. 796 W. Saratoga St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Vienna. Md

13. NAME Joseph Stewart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia Thompson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Milton S. Brown

(Address) 769 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 27 1933

19. UNDERTAKER James A. Stayton

(Address) 142 W. Lieb St

20. FILED ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933 to Nov 23, 1933

I last saw h[illegible] alive on Nov 22, 1933. Death is said to have occurred on the date stated above, at 2.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	Nov 8
Other contributory causes of importance	
Uremia	Nov 23

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. Hoffman M. D.

(Address) 712 S. Arlington St

M. D. B. 1268-9

95648

E 95648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD. St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sr. M. Leutgarda Quinn

(a) Residence: No. 901 Aisquith street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 4, 1862

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 12	29 3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sr. of Notre Dame

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Henry Quinn

14. BIRTHPLACE (city or town) America
(State or country)

MOTHER

15. MAIDEN NAME Eleanor Fitzgerald

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Sr. of Notre Dame
(Address) 901 Aisquith Street Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Potter's Field Md Date Nov 27 19 33

19. UNDERTAKER Frank A. Fink
(Address) 915 N. Gay St

5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from November 22. 1933. to November 24. 1933
I last saw h.. alive on November 24. 1933. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

1. Enteric ulcerosis
2. Hypertension
3. Chronic myocarditis
4. Acute appendicitis.

Other contributory causes of importance:

Name of operation appendectomy Date of 11-22-33

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Sr M Wagmuller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

E 95649

H. D. B 1268-9

95649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., HG Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William McCulley

(a) Residence: No. Edmondt City St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single.

DATE OF BIRTH (month, day, year) Dec. 3, 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William J. McCulley

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary E. Heffner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George McCulley

(Address) Edmondt City.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Nov. 28, 1933

19. UNDERTAKER Eastern Dem

(Address) Edmondt City

FILED DEC 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-9-1933, to 11-25-1933

I last saw him alive on 11-25-1933 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer perforated	
Diabetes Mellitus	

Other contributory causes of importance:

Pulmonary oedema

Name of operation Subtotal gastrectomy Date of 11-22-33

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clifford M. Taylor M. D.

(Address) University Hospital

M. D. B. 1268-9

E 35650

95650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Bennett Pl St., 18 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry D Mason

(a) Residence: No. 910 Bennett Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Mason

6. DATE OF BIRTH (month, day, year) April 9, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER FATHER

13. NAME Henry Mason

14. BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

15. MAIDEN NAME Ella Grantt

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Annie Mason (Address) 910 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL Place Brown's Lot Calvert Co. Md. Date Nov. 26, 1933

19. UNDERTAKER Jno. Katue R. Williams (Address) 422 E. Lexington St.

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1933 to Nov 24, 1933

I last saw h.. alive on Nov 23, 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 21 1933

Other contributory causes of importance:

Hypertension ?

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

E 95651

H. D. B. 1268-9

95651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 W Lafayette St., Ward) 20-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace M. Brownley

(a) Residence: No. 1800 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edwin F. Brownley

DATE OF BIRTH (month, day, year) March 8, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME F. B. L. Cooke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mabel McGovern

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Edwin Brownley

(Address) 1800 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 27th 1933

19. UNDERTAKER Wm. J. Tichenor & Sons

(Address) Huntington Ave & Preston St

Huntington Avenue, N.W.

Registrar.

5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13 1933 to Nov 23 1933

I last saw h alive on Nov 23 1933 Death is said to have occurred on the date stated above, at 9:24 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2 da
Influenzal Infection	1 da

Other contributory causes of importance:

Arteriosclerosis	
Cancer Breast (Amputation)	June 1930
X-Ray Spine cancerous	1

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Downes M. D.

(Address) 806 N Fulton Ave

H. D. B. 1268-9

E 95652

5652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 16-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Forham

(a) Residence: No. 4209 Frankford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, year) November 10.1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	--	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME David J.Robinson.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Annie C.Forham.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie C.Robinson.

(Address) 4209 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov.27.1933

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

Huntington Pathard M.D.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-6 1932 to 11-24-33 19

I last saw him alive on 11-24-33 1933 Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Uterus	1931

Other contributory causes of importance:

Senility

Name of operation Exploratory Laparotomy Date of 12-6-32

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Richard Taylor M. D.

(Address) Univ. Hosp.

D. B. 1268-9

95653

HEALTH DEPARTMENT—CITY OF BALTIMORE

95653
82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Caroline St. 6-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Chase

(a) Residence: No. 411 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm H. Chase

DATE OF BIRTH (month, day, year) Mar 15/1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 641

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Marthe Chase (Daughter)
(Address) 313 Lewis St

BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetry Date 11/27/33 . 19

UNDERTAKER Mrs Lohse G. Bailey
(Address) 143 [illegible]

[illegible] 5-1933 . 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at before midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Kaltenbach Coroner . M. D.
(Address) 508 E. North Ave

M. D. B. 1268-2 E 95654

E 95654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Montgomery

(a) Residence: No. 683 Josephine St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Montgomery

6. DATE OF BIRTH (month, day, year) July 23, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0470

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Taylor

14. BIRTHPLACE (city or town) ..... (State or country) Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ..... (State or country) unknown

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date 11/25, 1933

19. UNDERTAKER Mrs Kate A. Williams

(Address) 322 N. Schroeder St

19 .....

NOV 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933 to Nov 24, 1933

I last saw him alive on Nov 24, 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lueric Ulceration of Larynx	4-? weeks?
Multiple Lung Abscess	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9 E 95655

E 95655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 401 Ward) 9/29/33

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Anna Warner

(a) Residence: No. Laurel, Md. St. 11/25/33 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Fona E. Warner. 1847

6. DATE OF BIRTH (month, day, year) Aug. 29, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co.

13. NAME George C. Warner.

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

15. MAIDEN NAME Mary I Holland

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Clarence Dawson

(Address) Laurel Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place St. Mary's Cem't. Date Nov. 28, 1933

19. UNDERTAKER Laurel Undertaking Co. Inc. Laurel Md

(Address) Laurel, Md.

FILED NOV 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to Nov 25, 1933.

I last saw h~~im~~. alive on Nov. 26, 1933. Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac Failure	11/24/33
Ventricular Pulmonary oedema	

Other contributory causes of importance:

Carcinoma of Cervix with secondary uterine formation

Name of operation. Laparotomy Date of 11/25/33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Howard Stackhouse jr. M. D.

(Address) University Hosp.

D. B. 1268-9 E 95656 E 95656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Paca St. 22-01 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. John Anderson

(a) Residence: No. 405 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of (nee) Anna Anderson McAllister

6. DATE OF BIRTH (month, day, year) Dec. 7, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norwalk Conn.

13. NAME Wm. Anderson

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah A. Herring

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Mr. J. Caymord

(Address) South Norwalk, Conn.

18. BURIAL, CREMATION, OR REMOVAL Place Norwalk, Conn. Date 11/25 1933

19. UNDERTAKER Harry L. Leitzke

(Address) 410 E. Monument Ave

20. FILED NOV 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .... that ... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.
Coroner

(Address) 1773 E. Baltimore Ave

E 95657

H. D. B. 1868-9 E 95657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH St Agnes Hospital. Registered No.

CITY OF BALTIMORE: (No. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Lindner

(a) Residence: No. 2420 Christian St St., Sixth Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Lindner

DATE OF BIRTH (month, day, year) Jan 6 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83		10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co.

13. NAME ? Schaefer.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fred Lindner Son.
(Address) 1503 Wilks Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 11-27-33

19. UNDERTAKER Mrs Mrs P. & S. Frank
(Address) 252 Wilkens Ave

20 1933 Transfer Permit

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/18/33, 19..., to 11/24 33, 19...

I last saw her alive on Nov 24, 1933 Death is said to have occurred on the date stated above, at 6 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	11/16
Bronchitis.	11/20
Aspiration Pneumonia	11/23

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 11/18

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Merkel, M. D.

(Address) St Agnes Hosp

D. H. 12-39 E 95658

E 95658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH: Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Charles s 31-4 St., 12-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Wade Gilfry

(a) Residence: No. Charles s 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	Mulatto	Widow

If married, ~~widowed~~, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Tate

6. DATE OF BIRTH (month, day, year) July 11th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Charles H. Stofel

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Margaret Wade

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Miss Ruff.

(Address) Howard Co

18. BURIAL, CREMATION, OR REMOVAL, Parkington & Co.

Place Rock Creek Cem. Date Nov 27, 1933

19. UNDERTAKER Henry Hopkins & Co

(Address) Eutaw & Lexington Sts

20. FILED Nov 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) John F. Moorman, M. D.
Coroner

(Address) 3612 Roland Ave

E 95659

H. D. B. 2268-9

E 95659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (TB) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Neff

(a) Residence: No. 1 N. Streeper st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) NOV. 25, 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer 046

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Philip Neff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva Hart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 27, 1933

19. UNDERTAKER Frank P. Pepetone
(Address) 822 E. Baltimore St.

20. FILED 28 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932 to Nov. 23, 1933

I last saw him alive on Nov. 23, 1933 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

E 95660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95660

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lutheran Hospital St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A Bellmeier

(a) Residence: No. 3406 E Fairmount Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Otto F Bellmeier

6. DATE OF BIRTH (month, day, year) Aug 25 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Jacob Seiler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Ruppel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose
(Address) Lutheran Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 27. 33

19. UNDERTAKER Gilby & Wilkinson
(Address) 2083 E Monument St

20. FILED Nov 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Accidental Fracture of Neck of R. Femur.	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 10/26, 19...
Where did injury occur? Home 3406 Fairmount
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell off chair
Nature of injury Fractured Femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) J. P. Weaver M. D.
Coroner
(Address) 1300 N Patterson Park Ave

—12-9-25—A Co.—2000 E 95661

E 95661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 75

1-PLACE OF DEATH

of BALTIMORE: (No. Baltimore City Hospital St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolf Grabowski

(a) RESIDENCE NO. 216 S. Bond Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Grabowski

7 DATE OF BIRTH (month, day, and year) 1885

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

OCCUPATION OF DECEASED

9(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Poland

(State or country)

11 NAME OF FATHER Kajetan Grabowski

12 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

13 MAIDEN NAME OF MOTHER Antonina Sanjanski

14 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

Informant Mrs. Alexander Grabowski

(Address) 216 S. Bond Street

Filed ..... 19 ..... Registrar

NOV 26 1933 Huntington Feldmann

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Nov 28 1933

20 UNDERTAKER John M Weber ADDRESS 401 S. Chester St

H. D. B. 1268-9 E 95662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95662

CERTIFICATE OF DEATH

121V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. ..... St. 11-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isadore Paraverty

(a) Residence: No. 101 W. Mount Vernon Pl. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Shirley

7. DATE OF BIRTH (month, day, year)

AGE: Years 40 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date 11/26/33 19....

19. UNDERTAKER Jack Sears & Son
(Address) 1437 E. Balto St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-15-33, 19..., to 11-24-33, 19...

I last saw him alive on 11/24/33, 19... Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	
Chronic Arteriosclerosis	

Other contributory causes of importance:

Acute myocarditis	
fatal	

Name of operation Cholecystectomy Date of 11/4/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. Proctor M. D.

(Address) Md. Gen. Hospital

H. D. B. 1268-9 E 95663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95663

CERTIFICATE OF DEATH

172-001

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No.

CITY OF BALTIMORE: (No. Belvedere & Green Springs Aves (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth 56 yrs. mos. ds.

2. FULL NAME Krupnick, Philip

(a) Residence: No. Belvedere & Green Springs Aves St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Mendel Krupnick

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Sarah Partnoy

16. BIRTHPLACE (city or town) (State or country) Russia St Petersburg

17. INFORMANT Hebrew Home for Aged & Infirm

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Date 11/26/33

19. UNDERTAKER Jos. Sears Jr. (Address) 1439 E Balto St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1932, to 11-24, 1933

I last saw h[illegible] alive on 11-24, 1933. Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. vascular, [illegible]	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Chr. glaucoma	
Bilateral indirect inguinal hernia	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W Edmund Levin M. D.

(Address) Levindale

H. D. B. 1268-9 E 95664 E 95664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Elinor Stein

(a) Residence: No. 617 Eamor st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha

7. DATE OF BIRTH (month, day, year) Apr. 5 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & S
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Walter Stein
(Address) 3512 Shirgate ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 11/26/33

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St

NOV 26 1933 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1933, to Nov 26, 1933

I last saw him alive on Nov 26, 1933. Death is said to have occurred on the date stated above, at 3.16 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Cerebral Thrombosis	
Arteriosclerosis	
Cardiac insufficiency	
Other contributory causes of importance:	
Diabetes Mellitus	

Name of operation Date of

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

D. H. 1208-0 E 95665 E 95665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1609 E Eutaw St. 15-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Cecilia Ehrlich

(a) Residence: No. 1609 E Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Solomon

DATE OF BIRTH (month, day, year) 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Ethel Trigion

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Ehrlich

(Address) 1609

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 11-26-33 19...

19. UNDERTAKER Louis Levin & Sons

(Address) 1439 E. Baltimore St.

20. FILED NOV 28 1933 19... 11:15 A.M. By ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25/33. 19...

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to November 25 1933.

I last saw her alive on November 25 1933. Death is said to have occurred on the date stated above, at 8:P. m.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease with process at base of lung (tbc. tuberculous) resulting from influenza in 1918 - Myocardial failure

Date of onset

Other contributory causes of importance:

Pernicious anemia influenza in 1918

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Frank R. Smith M. D.

(Address) 927 E. Calvert St

E 95666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95666

92-001

Registered No. 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4663 Falls Road, ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delphia McGraw

(a) Residence: No. 4663 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt. 65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

INFORMANT Columbia Harris
(Address) 1208 E. Pratt

BURIAL, CREMATION, OR REMOVAL Nov 26 33
Date ..... 19..
(Holes Cyprus ~~Brandon~~ ~~Strawbridge~~
UNDERTAKER ~~Brandon~~ ~~Strawbridge~~
(Address) ~~Brandon~~ ~~Strawbridge~~

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) About Nov 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jobular Hernia	
Heart	

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1932 Roland Ave

D. B. 1268-9 E 95667

E 95667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Page

(a) Residence: No. 65 W Waters Lane St., Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Susie

6. DATE OF BIRTH (month, day, year) 1886 - Oct 8

7. AGE Years 47 | Months 1 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 634

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co.

13. NAME Jacob Page

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME Kate Matthews

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Susie Page

(Address) 65 Waters Lane

18. BURIAL, CREMATION, OR REMOVAL Pat. Auburn Cem. Date Nov 26 1933

19. UNDERTAKER Bernard F. Hendley

(Address) 818 Druid Hill Ave

DATE 11-26-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 Nov 23 19 33

I last saw h alive on Nov 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	
Injuries	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) .....

D. B. 1268-9 E 95668 HICKS ✓ E 95668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A Hicks

(a) Residence: No. 5910 Parkheights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie D. Hicks

7. DATE OF BIRTH (month, day, year): Aug. 8-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Theatre Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 926

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

13. NAME Abraham Hicks

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME Jane Tipton

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Lottie D. Hicks

(Address) 5910 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 27 1933

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1933 to Nov. 24, 1933

I last saw h. alive on Nov. 24, 1933 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	
Coronary Thrombosis	

Other contributory causes of importance:

Chronic bronchitis	
Enlarged Heart	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. C. Hill M. D.

(Address) University Hospital

D. B 1268-9

E 95669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95669

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marilyn Burkholdt

(a) Residence: No. 1237 Sargant St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) June 12 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Chas Burkholdt

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Kelly

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas Burkholdt

(Address) 1237 Sargant St

18. BURIAL, CREMATION, OR REMOVAL

Place St Lukes Date 11/29, 1933

19. UNDERTAKER The Cook Co

(Address) 1217 St Paul St

20. FILED 11/29 1933 Huntington Bonsall, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/6, 1933, to 11/23, 1933

I last saw her alive on 11/23, 1933. Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Tetanus Neonatorum	
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno P Brennan, M. D.

(Address) University Hospital

D. B. 1268-9

E 95670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95670 ✓ 9

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No. St., 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Everett E. Johnston (Johnston)

1a) Residence: No. 210 E. St Sparrows Pt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ellie F. Johnston

DATE OF BIRTH (month, day, year) Feb. 24 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Bethlehem Steel Co. Sp6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Ella J. Johnston

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Irvin D. Johnston (Brother)
(Address) 252 Riverview Ave. Dundalk

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 26, 1933

UNDERTAKER John F. Denny
(Address) 112 Light St. Baltimore, Md.

FILED 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ngnun . 19 . to . 19

I last saw h alive on ngnun . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Crushed Right Chest — Date of onset
Punctured lung

Other contributory causes of importance:

Automobile Accident

Name of operation nal Date of

What test confirmed diagnosis? nal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11 21 19 33

Where did injury occur? Baltimore Newkirk & Penna.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto Accident

Manner of injury Auto in which he was riding collided with another

Nature of injury Injuries

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Young M. D.
Coroner

(Address) 1102 E. Madison St.

H. D. B. 1268-9 E 95671 ✓ E 95671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6831 Harford Road St. 27-0 Ward)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Rose Stuck

(a) Residence: No. 6831 Harford Road St., ... Ward. .....
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 15 1915

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
17	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Wm Stuck

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Gladys Rose

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mother Gladys R Stuck
(Address) 6831 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Oakwood Mem Date Nov 27 1933

19. UNDERTAKER George Schilling & Sons
(Address) 1126 E Monument St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 | 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ 9 | 1 1933 to 11 | 21 1933

I last saw h sw alive on 11 | 21 1933 Death is said to have occurred on the date stated above, at 9.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	July 1933
cardiac dilatation	
cerebral embolism	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) C Urban Smith M. D.

(Address) 817 Park ave - Balto.

M. D. B. 1268-9 E 95672

Hilda H. Truitt ✓ E 95672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hilda Helen Truitt

(a) Residence: No. Patterson, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patterson Md

13. NAME John Truitt

14. BIRTHPLACE (city or town) (State or country) Patterson Md

15. MAIDEN NAME Beatrice Truitt

16. BIRTHPLACE (city or town) (State or country) Patterson, Md

17. INFORMANT Mrs Beatrice Truitt

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Truitt County Date Nov 27, 1933

19. UNDERTAKER Wm Edward Wells

(Address) Patterson, Md

NOV 29 1933 Huntington Undertaking Co. Patterson, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 19..., to Nov 26, 19...

I last saw h.. alive on Nov 25, 19... Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Tuberculous Meningitis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. S. Baker, M. D.

(Address) University Hosp.

c—5-19-13—M. & T.—500 Blks

95673 HEALTH DEPARTMENT—CITY OF BALTIMORE E 95673

CERTIFICATE OF DEATH.

158

1-PLACE OF DEATH — REGISTERED NO. C

TY OF BALTIMORE: (No. 409 N. Mount St.; WARD) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel W. H. S. Epps

sidence in Baltimore: No. 409 N. Mount St.; yrs., mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

TE OF BIRTH, October 30, 1933 (Month) (Day) (Year)

E. 24 yrs. mos. ds.

If LESS than 1 day, hrs. or mtn.

CUPATION:
Trade, profession, or particular kind of work: none
General nature of industry, business, or establishment in which employed (or employer):

RTHPLACE, tate or Country), Baltimore Maryland

10-NAME OF FATHER, William H Epps

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Crangie E. Wise

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Maryland

HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Epps.

(Address) 409 N. Mount Street

Huntington Indiana R.F.D.

t....., 1933, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23, 1933 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 18 1933, to Nov 23 1933, that I saw h alive on Nov 23 1933, and that death occurred, on the date stated above, at 5:45 p m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstruction

(Duration) yrs. mos. ds.

(Signed) J. B. Hughes M. D.

Nov 29, 1933 (Address) 1413 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cem — DATE OF BURIAL. Nov. 26..., 1933

20-UNDERTAKER Joseph A. Lively · 409 N. Mount St — ADDRESS

D. B. 1268?

E 95674 ✓ E 95674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harry Miller

(a) Residence: No. 1625 N Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mab	Wht	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Miller

6. DATE OF BIRTH (month, day, year) Jan 10 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 Y	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Walters Gallery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto City

13. NAME [illegible] Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

INFORMANT Carl Miller

(Address) 1625 N Caroline

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Nov 28 1933

UNDERTAKER John H Glick

(Address) 1600 Eutaw Pl

FILED Nov 29 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 . to . 19 . last saw h alive on Nov 25 . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Duodenum	
Gunshot Perforation	

Other contributory causes of importance:

Fall Later when Struck by Bullet while working at Walters Art Gallery

Name of operation Yes Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Date of Injury Nov 25 1933

Where did Injury occur? Walters Art Gallery
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Place of work

Manner of injury Fell Thru Ladder

Nature of injury [illegible]

24. Was disease or Injury in any way related to occupation of deceased? Yes If so, specify James M Fenlon

(Signed) [illegible] Coroner . M. D.

(Address)

D. B. 1268-9 E 95675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95675

CERTIFICATE OF DEATH

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp St., 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Arthur Henry Warner Sr

(a) Residence: No. 243 W. Ledgerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Courtney Warner

DATE OF BIRTH (month, day, year) Nov 16 1882

AGE: Years 67 | Months 0 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bottle Bus.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Otis Dudley Warner Sr.

14. BIRTHPLACE (city or town) (State or country) Salem Mass.

15. MAIDEN NAME Mary Elizabeth Frazer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Arthur Henry Warner Jr
(Address) 243 W Ledgerne

BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date Nov 27 1937

UNDERTAKER John Ellicott & Sons
(Address) 2008 Eutaw St

FILED Nov 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19 . Death is said alive on Nov 23 . 19 37. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Suicide Pistol wound of brain.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Blood M. D.
Coroner

(Address)

Co. 5-21 250M E 95676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95676

CERTIFICATE OF DEATH

82-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 N. Caroline St. Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Susan Almira Coleman

(a) Residence: No. 1411 N. Caroline St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
(or) WIFE of Charles O. Coleman

6. DATE OF BIRTH (month, day, year) Mch. 2, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME John Haynie

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Sarah C. Walker

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mr. Owen Coleman
(Address) 1411 N. Caroline St

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Nov 27 1933

UNDERTAKER Theo. Y. Pentz
(Address) 434 N. Broadway

261533 19 ....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933 to Nov 24, 1933

I last saw h-r alive on Nov 24 1933 death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 14 '33
Coronary Occlusion	
Left Sided Paralysis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manuer of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter D. Lozier M. D.

(Address) 3136 Hanford Rd

E 95677

Spec.—1-10-21—M&T—1500 Bks.

E 95677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. 33-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 108 N Fulton Ave (ST.) 20 (WARD)

2-FULL NAME Mary Louise Reily

(a) RESIDENCE NO. 108 N Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Feby 4 1858

8 AGE — Years: 75 — Months: 9 — Days: 21 — If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

10 BIRTHPLACE (city or town) (State or country) Georgetown D.C.

PARENTS

10 NAME OF FATHER Jas A. Reily

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgetown D.C.

12 MAIDEN NAME OF MOTHER Rebecca A Meeyn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgetown D.C.

14 Informant Fred J. Reily

(Address) 108 N Fulton Ave

15 Filed NOV 26 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933, to Nov 25, 1933,

that I last saw her alive on Nov 25, 1933,

and that death occurred, on the date stated above, at 3.02 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos 12 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. A. O'Neill M. D.

11/25, 1933 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rood Cem Georgetown DC — DATE OF BURIAL: 11/27/33

20 UNDERTAKER: Angela Feley — ADDRESS: Fulton or Fayette

E 95678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95678

108

Registered No.

1. PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Williams & Caton Aves St. 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ronald Henderson

(a) Residence: No. 1620 De Soto Rd. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 9 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	wks	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME John Henderson

14. BIRTHPLACE (city or town) Georgia
(State or country)

15. MAIDEN NAME Ada Mason

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT John Henderson
(Address) 1620 De Soto Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/28/33

19. UNDERTAKER Lemmon & Turley
(Address) Fulton Ave Near Fayette

DATE 11/28/33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1933, to 11-25-33, 19

I last saw him alive on 11/25/33, 19. Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	11/17/33.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. —

(Signed) John C. Dunbar, M. D.

(Address) 1 E. Lexington Baltimore

M. D. B. 1268-2 E 95679 ✓ E 95679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH 1306 McCulloh St
CITY OF BALTIMORE: (No. 1306 Balto Md 11-01 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 mo yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma L. Fisher
(a) Residence: No. 1306 McCulloh St., Ward. North Carolina
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f | 4. Color or Race col | 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced, WIFE of (or) HUSBAND of John H. Fisher

6. DATE OF BIRTH (month, day, year) 1907

7. AGE: Years 26 | Months — | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME C. E. Harris

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Hattie B Wilson

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT C. E. Harris
(Address) 1306 E mc culloch

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/26/ 1933

19. UNDERTAKER Mrs. George H. Holland
(Address) 631 Druid Hill Ave

20. FILED 11 26 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24- 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-2-33 to 11-24- 1933
I last saw h. alive on 11-23- 1933 Death is said to have occurred on the date stated above, at 3:30 A M

The principal cause of death and related causes of importance were as follows: | Date of onset

Pulmonary Tuberculosis Ten Years

Other contributory causes of importance:

Chron Bronchitis

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) W. R. Boykin M. D.
(Address) 1512 Gilmor

D. B. 1269-9 E 95680 ✓ E 95680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5710 Park Heights Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 54 yrs. ..... mos. ..... ds.

2. FULL NAME Concetta Dantoni

(a) Residence: No. 5710 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatore Dantoni

DATE OF BIRTH (month, day, year) about 1871

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	About 62	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Cascio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME D'anna

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mr Salvatore Dantoni

(Address) 5710 Park Heights

BURIAL, CREMATION, OR REMOVAL

Place Levy Rd. Date Nov. 27 1933

UNDERTAKER Geo. Lemmon

(Address) 4611 Park Heights

FILED NOV 28 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1933 to Nov. 25, 1933

I last saw h.. alive on Nov. 20, 1933 Death is said to have occurred on the date stated above, at 2.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Nov 20, 1933

Other contributory causes of importance:

Hypostatic Pneumonia	Nov 25
Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Vincent M. Mesaros, M. D.

(Address) 102 W. Oxford St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95681

95681

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2546 W. Lanvale St., 16-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma Struth Olwine

(a) Residence: No. 2546 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Olwine, Sr.

DATE OF BIRTH (month, day, year): November 7, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	-	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

13. NAME: Charles Struth

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Freida Strutt

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Miss Hilda E. Schaefer

(Address) 1160 Longwood St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 27 19 33

UNDERTAKER: [illegible]

(Address) 1095 W. Baltimore St.

FILED [illegible] 19 33

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933 to Nov 24, 1933

I last saw her alive on Nov 24, 1933 Death is said to have occurred on the date stated above, at 6.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 20 1933

Other contributory causes of importance:

Myocarditis, Oedema of Lungs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Helen L. Graham, M. D.

(Address) 1219 Poplar Grove St.

D. B. 1206-9 E 95682 ✓ E 95682 E 95682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 138

Registered No. 6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley M Gentry

(a) Residence: No. Bel Air Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Callaie Gentry

DATE OF BIRTH (month, day, year) Mar 3-1889

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	44	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) M. C.

13. NAME John A Gentry

14. BIRTHPLACE (city or town) (State or country) M. C.

15. MAIDEN NAME Sallie Waddell

16. BIRTHPLACE (city or town) (State or country) M. C

INFORMANT Callaie Gentry
(Address) Bel Air Md

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Nov 29. 1933

UNDERTAKER Dean & Sated
(Address) Bel Air Md

Nov 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov., 5 1933 to Nov 26 1933

I last saw him alive on Nov., 26 1933. Death is said to have occurred on the date stated above, at 10 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus cellulitis of scrotum and groins	Nov 2, '33
Septicemia	Nov 21, '33
Other contributory causes of importance: Pulmonary infarction pneumonia	Nov 20th

Name of operation Drainage of cellulitis of scrotum and groins Date of Nov 6, 1933

What test confirmed diagnosis? Bacteriology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Geo. H. Lindsay M. D.

(Address) Church Home & Inf

D. B. 1268-9 E 95683 E 95683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Hopkins Hospital St., 26-01 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Homer M. King

(a) Residence: No. 100 N. Bauldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 24/3.

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Homer King

14. BIRTHPLACE (city or town) (State or country) Littletown, Pa.

15. MAIDEN NAME Anna Schenlein

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Lilly A. Zeiler
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Pk. Lawn. Date Nov 26 1933

UNDERTAKER George W. Zurkler
(Address) 1237 E. Eager St.

FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25/3. , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows: | Date of onset

Prematurity

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. S. LeCompte, M. D.
Coroner

(Address) 708 E. Monument

H. D. B. 1968-9 E 95684 Martha S. Chenoweth E 95684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 Westwood Ave St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha S. Chenoweth

(a) Residence: No. 3220 Westwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Oliver B. Chenoweth

DATE OF BIRTH (month, day, year) June 16, 1846

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Herbert Chenoweth

(Address) 3220 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Nov 28 1933

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Edmondson Ave

(Filed) 27 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933 to Nov 25, 1933

I last saw h[illegible] alive on Nov 24, 1933 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, (specify)

(Signed) Ernest H. Pahl, M. D.

(Address) 3004 W. North Ave

D. B. 1268-9 E 95685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95685

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 630 W Biddle St. 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Cooley

(a) Residence: No. 630 W Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Female	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Johnson

(Address) 630 W Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Mond. 27th 1933

19. UNDERTAKER E. O Wilson

(Address) 1600 Brantley ave

FILED 27 1933 19... Registrar. Certificate No. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 . 1933

22. I HEREBY CERTIFY, That I attended deceased from ... . 19... to ... . 19...

I last saw h... alive on ... . 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Smith M. D.

Coroner

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95686

5686

CERTIFICATE OF DEATH

V122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 15-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth 73 yrs. ... mos. ... ds.

FULL NAME Adam Kratz

(a) Residence: No. 2208 Chelsea Terrace St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of / late WIFE of Martha Kratz

DATE OF BIRTH (month, day, year) Mar 23/1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adam Kratz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorthea ------

16. BIRTHPLACE (city or town) (State or country) Gremany

INFORMANT Mrs Martha Kratz

(Address) 2208 Chelsea Terrace

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 28, 1933

UNDERTAKER Harry W. Ehlen

(Address) 1944 N. Rochar...

FILED NOV 27 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to Umbilical Hernia	Nov 21/33
Other contributory causes of importance: Probable Chr Myocarditis	????

Name of operation Herniorrhony Release of bowel Date of ... Nov 24 ...

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. S. H. Quinn, M. D.

Coroner

(Address) 508 E. Fayette

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95687 — 93-E 95687

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave Ward) 16-01

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie Manockey

(a) Residence: No. 822 N. Carrollton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
51	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Ann Co. Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Rev. Taylor

(Address) 822 N. Carrollton Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Antioch Cem Date 11/27 1933

18. UNDERTAKER Samuel G. Hemby

(Address) 528 N. Broadway

FILED 11/27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1933 to Nov. 23 1933

I last saw her alive on Nov 23 1933 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
	"

Other contributory causes of importance: ? "

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edw. J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

S 95688

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N Edeu St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie V Langley

(a) Residence: No. 1012 N Edeu St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced — HUSBAND of (or) WIFE of Hailey Langley

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Dennis Kelley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Amelia Kennel

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Walter Langley

(Address) 1012 N Edeu St

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 11/27 1933

18. UNDERTAKER Samuel T Hemsley

(Address) 528 W Fayette St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1933 to 11/24, 1933

I last saw h[illegible] alive on 11/23, 1933. Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchi	11/23/33
Other contributory causes of importance: Chr. Nephritis, Marked	3 yrs
senility, Anemia	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 624 E Monument St

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53 E 95689

CERTIFICATE OF DEATH

95689

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 358 Greenmount Ave ST., 12-01 WARD)

2—FULL NAME Mrs. Emma M. Boteler

(a) RESIDENCE NO. 358 Greenmount Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 60+ yrs. mos. ds. How long in U. S., if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Emanuel P. Boteler

ATE OF BIRTH (month, day, and year) Sept 3, 1871

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	2	23.	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Balto
(State or country) Md.

10 NAME OF FATHER Louis P. Rohmer

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Osborne

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

Informant Emanuel P. Boteler

(Address) 358 Greenmount Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26, 1933

17 I HEREBY CERTIFY, That I attended deceased from August, 1933, to Nov. 26, 1933, that I last saw h.. alive on Nov 25, 1933, and that death occurred, on the date stated above, at 6 A.m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis
Metastases to Cerebellum - Cerebrum.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 16, 1933

Was there an autopsy? No

What test confirmed diagnosis? Biopsy - Micr. Exam

(Signed) D. Walter Schmidt M.D., M. D.

, 19 (Address) 3603 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL* Druid Ridge Cem. | DATE OF BURIAL Nov 28 33

20 UNDERTAKER H. C. Whitelock & Son | ADDRESS Northern

D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95690 95690

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Mrs.~~ Helen Kolb (Helen Marie Kolb)

(a) Residence: No. 1902 Dalton St St., ... Ward. Catonsville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Kolb.

DATE OF BIRTH (month, day, year) Oct. 11, 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Catonsville~~ Md

13. NAME Charles A Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Barbara A Bewley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Lillian Furst

(Address) 1902 Dalton St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 29 1933

19. UNDERTAKER Wm. J. Tickner & Son.

(Address) North & Pa Ave.

20. FILED NOV 27 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/15 1933 to 11/26 1933

I last saw her alive on 11/26 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Carcinoma of Cervix	May, '33
Other contributory causes of importance: Pelvic peritonitis	10/26/33

Name of operation application of radium Posterior Colpotomy Date of 10/26/33 11/25/33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos A Belz M. D.

(Address) Mercy Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95691

15-001

Registered No. 95691

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Aliceanna St. 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Dielinski

(a) Residence: No. 1818 Aliceanna St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — — —

DATE OF BIRTH (month, day, year) November 26/1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Walter Dielinski

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Linkiewicz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs Mary Dielinski

(Address) 1818 Aliceanna

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date Nov 27th, 1933

UNDERTAKER George A Weber

(Address) 705 S Ann street

FILED 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Enov Pneu.
Hydrocephalus

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) , M. D.
Coroner

(Address)

D. B. 1268-9

5692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 5692

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (Co.) Md Gen Hosp St., 16-01 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jas W. Coulson

(a) Residence: No. 811 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 1-1847

AGE Years 86 Months 4 Days 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Entire Life

BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT W. S. S. Record

(Address) Wash D. C.

BURIAL, CREMATION, OR REMOVAL

Place National Date 11/27, 1933

UNDERTAKER Richard Dwyer

(Address) 1620 Ashburton St

FILED 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Nov 19 Death is said to have occurred on the date stated above at p.m.

The principal cause of death and related causes of importance were as follows: Fractured L. Femur

Fell down steps at home

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

D. B. 1268-9

E 95693

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95693

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 705 N. Linwood Ave. St., 7-C Ward)

ength of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William H. Demuth

(a) Residence: No. 705 N. Linwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Demuth

DATE OF BIRTH (month, day, year) Oct. 21-1873

AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
60	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Casper Demuth

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Barbara Dinsdorffer

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Annie Demuth
(Address) 705 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov. 29, 33

19. UNDERTAKER [illegible] F. Mellor & Son
(Address) 334 Jefferson St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Nov 26, 1933

I last saw him alive on Nov 26, 1933 Death is said to have occurred on the date stated above, at 1015 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) William Rosanelli M. D.

(Address) 801 Westwood Ave

D. B. 1268-9

E 95691 E 95694

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Montford Ave. St. 1-01 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Catherine Hemer

(a) Residence: No. 710 N. Montford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 1-1880

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	7 6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME John Hemer

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Magdelan Kimmell

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Augusta Lauskey
(Address) 710 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Nov. 27, 33 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED NOV 27 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-33

22. I HEREBY CERTIFY, That I attended deceased from 10-[illegible] 19.. to 11-25-33 19.. I last saw h.. alive on 11-24-33 19.. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis, Date of onset 10-31

Other contributory causes of importance:

Acute Cardiac Dilatation 1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1268-98 E 95695 E 95695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N. Regester St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George O. Nippard

(a) Residence: No. 1508 N. Regester St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eloise Nippard

7. DATE OF BIRTH (month, day, year) July 18-1865

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queens Ann Co. Md.

13. NAME John Nippard

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Harriett Strauchn

16. BIRTHPLACE (city or town) (State or country) Queen Ann Co. Md.

17. INFORMANT Eloisa Nippard
(Address) 1508 N. Regester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Nov. 27 1933

19. UNDERTAKER Wm. T. Miller & Son
(Address) 1119 Pitcher St.

20. FILED Nov 27 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1933 to Nov 25 1933

I last saw him alive on Nov 24 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	
Toxaemia	

Other contributory causes of importance:

Chronic nephritis

(origin of primary probably unknown)

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas. Johnson, M. D.

(Address) 4 W. Madison Road

M. D. B. 1268-9

E 95696

E 95696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Mary Hauer

(a) Residence: No. 2503 Hoffman St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29, 1929.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER FATHER

13. NAME Edward C. Hauer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Estella Lauderer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT mother (Address) 2503 Hoffman St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Mem. Date Nov. 27, 1933

19. UNDERTAKER M. E. Murphy (Address) 2534 Jefferson St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1933 to Nov. 25th, 1933

I last saw her alive on Nov. 25th, 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staph Laryngitis & Tracheobronchitis	4 days
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Cultures Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Manuel E. Bogard M. D.

(Address) Sydenham Hospital

D. B. 1265-9 E 95697 Wohrna E 95697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infir. 8-01 Ward)

Length of residence in city or town where death occurred 59 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Wohrna

(a) Residence: No. 1806 N. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence E. Wohrna

DATE OF BIRTH (month, day, year) March 31-1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wenceslaus Wohrna

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Alvina Resbeck

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Mr. Charles E. Wohrna

(Address) 1806 N. Castle St

BURIAL, CREMATION, OR REMOVAL Mount Cathedral Date Nov. 28, 1933

UNDERTAKER Martin Fahy & Son

(Address) 1827 W. Baltimore St.

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1933 to Nov 24, 1933

I last saw h... alive on Nov 24, 1933. Death is said to have occurred on the date stated above, at 10 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lentic Aortitis	
Aneurysm of Abdominal Aorta ruptured with Pulsating hematoma Anemia	Aug 33 Sept 33

Other contributory causes of importance:

Chronic Nephritis
Adherent pericardium

Name of operation Partial hysterectomy Date of Nov 24

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gerald H. Jordan M. D.

(Address) Church Home Inf.

M. D. B. 1200-9 E 95698 E 95698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5206 Belmont Ave. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Alice Johnson

(a) Residence: No. 5206 Belmont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. W. Johnson

6. DATE OF BIRTH (month, day, year): Jan 14, 1869

7. AGE: Years 64 | Months 10 | Days 10 | If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Middlesex Co Va

13. NAME: Isaac Swanson

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Margarete Sears

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Wm. W. Johnson

(Address) 5206 Belmont ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date Nov. 27 1933

19. UNDERTAKER: Thos. E. Kelson.

(Address) 1303 Pressman st.

20. FILED NOV 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 03, 33 to Nov 24, 33

I last saw her alive on Nov 24, 1933. Death is said to have occurred on the date stated above, at 11:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	Dec 03, 33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Cater Gibson M. D.

(Address) 1639 Eutaw Place

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95 E 95699

95 E 95699

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1245 Washington Blvd (Ward)

Length of residence in city or town where death occurred 66 yrs. 6 mon. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L Franklin

(a) Residence: No. 1245 Washington Blvd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3. If married, widowed, or divorced — HUSBAND of (or) WIFE of the late Wm L Franklin

DATE OF BIRTH (month, day, year) Oct 30th 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jane B Betton

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Jane Greene

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Lillie Brown

(Address) 1245 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/29/ 1933

19. UNDERTAKER Robert Covington

(Address) 901 Eutaw St

20. FILED ... 1933 Registrar. NOV 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to 11/26 1933

I last saw him alive on Nov 26 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma 2 Mos	
Cardiac Insufficiency Todays	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Signed Alfred Dan M. D.

(Address) 1527 Mosher Blvd

B. 1268-9

5700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 95700

PLACE OF DEATH Franklin Square Hospital Registered No. 14-04

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., ... (Ward)

th of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Susie Williams

(a) Residence: No. 837 North Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f.	Black	married

~~married~~, widowed, or divorced
(or) WIFE of Cephas Williams

ATE OF BIRTH (month, day, year) ? 1896

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	Unknown	Unknown	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 837

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Virginia

3. NAME Lyne Kellum

4. BIRTHPLACE (city or town) (State or country) Virginia

5. MAIDEN NAME Patsy Ware

6. BIRTHPLACE (city or town) (State or country) Virginia

NFORMANT Cephas William

(Address) 837 N. Fremont Ave.

URIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/27/33 19

NDERTAKER Wm. Jorge H. Holland

(Address) 1163 Druid Hill Ave

ILED NOV 27 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1933 to Nov. 23, 1933

I last saw her ~~alive~~ dead on Nov. 23, 1933 Death is said to have occurred on the date stated above, at 10 P.m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance Unknown	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Guy H. Cromwell M.D.

11/27/33 Address 1202 Patapsco Ave. Coroner

D. B. 1268-9

E 95701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95701

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Bolton St., 14-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds. 72 0 20

2. FULL NAME Emily Dorsey Hinks

(a) Residence: No. 2114 Bolton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel M. Hinks

DATE OF BIRTH (month, day, year) Mar-6-1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm. H. Anderson

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Emily Dorsey

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mr. Dorsey M. Hinks (son)

(Address) 2114 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Nov. 27 19 32

19. UNDERTAKER Stewart Mortuary Co.

(Address) 1020 Madison Ave

20. FILED NOV 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Nov. 25 1932

I last saw h.e alive on Nov. 25 1932. Death is said to have occurred on the date stated above, at 2.17 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	3 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard C. Clarke M. D.

(Address) 711 Eastern Ave

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95702

CERTIFICATE OF DEATH

E 95702
82-002

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 W. Lombard St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward N. Dawson

(a) Residence: No. 1705 West Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Dawson

DATE OF BIRTH (month, day, year) June. 16 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	73	6 5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lost Creek W. VA.

13. NAME William Dawson

14. BIRTHPLACE (city or town) (State or country) Lost Creek W. VA.

15. MAIDEN NAME Roma Lewis

16. BIRTHPLACE (city or town) (State or country) Lost Creek West VA.

INFORMANT Mary E. Dawson

(Address) 1705 West Lombard Street.

BURIAL, CREMATION, OR REMOVAL

Place Lost Creek Clark Burg W. VA. Date Nov. 27 1933

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933 to Nov 26, 1933

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris Sclerosis	(?)
Other contributory causes of importance: Cerebral accident (Thrombosis)	11/13/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. D. Quinn M. D.

(Address) 1324 W Lombard St

B. H. 1268-9

35703 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35703

CERTIFICATE OF DEATH

√131

PLACE OF DEATH Pronounced dead at

TY OF BALTIMORE: (No. Hopkins Hospital St. 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Wm. Harvey Scowden

(a) Residence: No. 2001 Bank St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joaquina Portillao Scowden

ATE OF BIRTH (month, day, year) July 5/1884

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	4	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer-Lumber yard

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F. Bowie Smith Co

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Meadeville. Pa.

13. NAME Aaron Scowden

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Ada Hamilton

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Joaquina Scowden

(Address) 2001 Bank St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Nov. 28, 1933

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... Death is said to have occurred on the date stated above, at about 2 A.M. m

The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Acute Alcoholism

Date of onset

Other contributory causes of importance:

"Reported" Nephritis ???

Name of operation ... Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. S. H. Cullen Coroner, M. D.

(Address) 508 E Fayette

D. B. 1268-9

95704 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93E 95704

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1083 Ellicott Drive St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Kilburn

(a) Residence: No. 1083 Ellicott Drive Way St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of William A. H. Kilburn

DATE OF BIRTH (month, day, year) Aug. 8 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Thomas Clark

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Robert S. Kilborn

(Address) 1083 Ellicott Drive Way

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 28 1933

19. UNDERTAKER Leonard J. Ruck & F.

(Address) 5305 Harford Rd.

20. FILED Nov 27 1933 Thurston Phillips Registrar.

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1933 to Nov 25 . 1933

I last saw h.. W alive on Nov 24th . 1933 . Death is said to have occurred on the date stated above, at 4.04 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio sclerosis	several
Myocardial disease	years
Other contributory causes of importance:	
Cerebral hemorrhage	3 days.
Hemiplegia	

Name of operation none . Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Mitchel M. D.

(Address) 2901 Edmondson Ave

Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

√ 82 E 001 95705

95705

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4219 Kolb Ave. St. 76-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Herman Roesler

(a) Residence: No. 4219 Kolb Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Eliza Roesler

DATE OF BIRTH (month, day, year) Sept. 13th 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg. Co.

10. Date deceased last worked at this occupation (month and year) Nov. 23 1933

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) Detroit
(State or country) Michigan

13. NAME OF FATHER George W. Roesler

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME OF MOTHER Amelia Sachs

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Eliza Roesler
(Address) 4219 Kolb Ave.

BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Date Nov. 29 1933

UNDERTAKER Enoch Lassahn & Sons
(Address) 748 Belair Road

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933, to Nov 26, 1933

I last saw h— alive on Nov 23, 1933 death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 23, 33
Other contributory causes of importance:	
Arteriosclerosis	7-1933

Name of operation ..... Date of .....

What test confirmed diagnosis Sign? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward H Bruen, M. D.

(Address) .....

D. B. 1268-9

E 95706

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95706

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 E. 34th. St., 9-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marian F. Lambdin

(a) Residence: No. 602 E. 34th. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lawrence W. Lambdin

6. DATE OF BIRTH (month, day, year) Sept. 29, 1858.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	1	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

9. Date deceased last worked at this occupation (month and year) ...

10. Total time (years) spent in this occupation ...

11. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

12. NAME Isaac Standiford

13. BIRTHPLACE (city or town) (State or country) Maryland

14. MAIDEN NAME Ellen Williams

15. BIRTHPLACE (city or town) (State or country) Maryland

16. INFORMANT Margaret E. Raestner

(Address) 602 E. 34th. St.

17. BURIAL, CREMATION, OR REMOVAL

Mountain Church Cemetery Date Nov 27 1933

18. UNDERTAKER Chas. S. Black

(Address) 702 W. Lombard St.

19. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to November 25, 1933

I last saw h[illegible] alive on Nov 25, 1933. Death is said to have occurred on the date stated above, at 8:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right Eye and face.	1928
Metastasis of brain & Lung	
Other contributory causes of importance:	
Pneumonia	1 mo

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. V. Bishop, M. D.

(Address) 501 S. Broadway

E 95707

H. D. B. 1268-9

E 95707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1651 N. Appleton St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Perry Silverman

(a) Residence: No. 1651 N. Appleton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 13th 1920

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Max Silverman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 11/27/33 19

19. UNDERTAKER Levy Bros. Inc.
(Address) 1739 E. Balto. St.

20. FILED ..... 19..... Registrar

NOV 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15 1933 to Nov 27 1933

I last saw him alive on Nov 27 1933 Death is said to have occurred on the date stated above, at 8 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor (malignant) of Liver	6 m
Other contributory causes of importance:	
Cerebral metastasis	3d

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm H Baylus M. D.

(Address) 2040 Eutaw Pl

E 95708

B. B. 1268-9

E 95708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 149-002

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Tressa Livingston

(a) Residence: No. 801 Farragut St., Washington, D. C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Livingston

DATE OF BIRTH (month, day, year) Sept 19/1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	2	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Reiner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sidney Livingston

(Address) Washington, D. C.

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date 11/27/33 19

UNDERTAKER Jack Levin Inc

(Address) 1439 E Baltimore St

FILED 11/27/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Probably Cardiac Embolism 10 min.

(Post Partum- Breech Deliver.)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis inquir. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Schaffer Coroner, M. D.

(Address) 508 E Fayette ave

E 95709

E 95709

V/31

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Warren T. Thayer

(a) Residence: No. 109 Asquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara Thayer

DATE OF BIRTH (month, day, year) June 3, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Thayer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Elizabeth Owens

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT Mrs. Clara E. Thayer

(Address) 3112 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 27, 1933

19. UNDERTAKER Fleischmann Gardner

(Address) 532 N. Gilmor St.

FILED 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1933 to Nov. 25, 1933.

I last saw him alive on Nov. 25, 1933. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic and hypertensive Cardiovascular Disease	?
Chronic Arteriolar Nephritis	?
	?

Other contributory causes of importance:

Lobular Pneumonia	48 hours

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

H. D. B. 12-9 E 95710 E 95710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Luzerne Ave. St., 7-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorathy Cecelia Moebius

(a) Residence: No. 514 N. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 25th. 1908

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William F. Moebius

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Clare Riordan

16. BIRTHPLACE (city or town) (State or country) Balto. md.

17. INFORMANT William F. Moebius
(Address) 514 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 29th. 33

19. UNDERTAKER Chas F. Grace & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED [illegible] Nov 27 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 - 33, to Nov 26 33
I last saw her alive on Nov 25 33. Death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	11/19/33

Other contributory causes of importance:

Calcareous Tuberculosis	about 2 yrs.

Name of operation Date of

What test confirmed diagnosis Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Vogel M. D.

(Address) 3047 Hudson St

D. B. 1268-9

E 95711

5711

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Northway Apts St. 12-03 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannie Robinson Bowman

(a) Residence: No. Northway Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
F	W.	Widow

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry C Bowman

6. DATE OF BIRTH (month, day, year) Dec 16-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King George Co Va

13. NAME of Father Charles Robinson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME of Mother Laura Quisenberry

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT (Address) Mrs Jones 3318 Edgerton Place

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date Nov 28-33

UNDERTAKER (Address) Fortunato Bros 2224 Eutaw Pl. Huntington Terrace, Md.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933 to Nov 25th, 1933

I last saw h alive on Nov 25th, 1933 Death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1933

Other contributory causes of importance:

Second Cerebral Hemorrhage	hours

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. C. Samuels, M. D.

(Address) 4509 Fehnley Hgts Cam

D. B. 1268-9

ME 95712

HEALTH DEPARTMENT—CITY OF BALTIMORE

95712

CERTIFICATE OF DEATH

V 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 8-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John A. Roderick, Jr.

(a) Residence: No. 1811 N. Mallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Anna Roderick

7. DATE OF BIRTH (month, day, year) Dec. 24, 1899

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Light. Dept.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

14. NAME John A. Roderick

15. BIRTHPLACE (city or town) (State or country) Balto. Md.

16. MAIDEN NAME Mary Heller

17. BIRTHPLACE (city or town) (State or country) Balto. Md.

18. INFORMANT Mrs. Anna Roderick

(Address) 1811 N. Mallas St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 29, 1933

19. UNDERTAKER John J. Connelly

FILED 1933 [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to Nov. 19

I last saw h alive on Nov. 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull.	
Other contributory causes of importance: Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov. 25, 1933

Where did injury occur? Back River Neck Rd. nr Holly Neck (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding struck a tree.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Conroy, M. D.

(Address) 1122 E. Madison St. Coroner

—2-29-28—L. F. S.—500 Bks.

E 95713

5713

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1519 N. Wolfe ST., 8-01 WARD)

2—FULL NAME Bernard Joseph Fitzpatrick

(a) RESIDENCE NO. 1519 N. Wolfe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of: Mary E. (Hurley)

6 DATE OF BIRTH (month, day, and year): 6-4-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hotel Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer): 609

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Bernard J. Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Creagen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Mrs. Mary E. Fitzpatrick

(Address) 1519 N. Wolfe St

Filed 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26, 1933

17 I HEREBY CERTIFY, That I attended deceased from 1928, 19, to Nov, 1933.

that I last saw him alive on Nov 26, 1933

and that death occurred, on the date stated above, at 5.05 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerotic Cardio-vascular Disease

(duration) 20+ yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis - Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Wack, M. D.

19 (Address) 513 E 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 11/30/33

20 UNDERTAKER: George J. Roth Sons — ADDRESS: 1730 Harford Av

1933

D. B. 1268-9

E 95714

HEALTH DEPARTMENT—CITY OF BALTIMORE

5714

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 715 W La Fayette St., 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Vendie E. Wiggins

(a) Residence: No. 715 W La Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: Male	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 16 | 32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): Baltimore Md

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of Father: Ellis Wiggins

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME of Mother: Emily Lee

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Emily Lee
(Address) 715 W La Fayette

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Nov 27, 19..

UNDERTAKER
(Address)

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h... alive on Nov 25, 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Duration of onset

Premature Birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-9

95715 ✓ E 95715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Spence

(a) Residence: No. 607 W Conway St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 20, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Warren Ruffin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Otelia Spence

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mother
(Address) 607 Conway St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 27, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1933 to November 24, 1933

I last saw him alive on November 24 1933 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Lobar Pneumonia in Mother	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. W. Donluce M. D.

(Address) University Hospital

B. B. 1268-9

✓ E 95716.

5716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 13-01

PLACE OF DEATH (No. Provident Hosp. St., 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robt. Lunsdale

(a) Residence: No. 2415 Ellwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race: Col
5. Single, Married, Widowed, or Divorced (write word): Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) about 1873

AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hattie Buchanan
(Address) 2415 Ellwood St

BURIAL, CREMATION, OR REMOVAL
Place Universal, Balto Date Nov 21, 1933

UNDERTAKER
(Address)

FILED Nov 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 ; I last saw h alive on Nov 15 ; death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Schenck Coroner M. D.
(Address)

H. D. B. 1268-9

E 95717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95717 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2211 Eutaw Pl. (Street) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Franklin Somers

(a) Residence: No. 542 N. Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Somers

DATE OF BIRTH (month, day, year) December 21 1900

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Flack

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frank Somers

(Address) 542 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 28 1933

19. UNDERTAKER E. Leroy Stuffler, Inc.

(Address) 125 E. Baltimore

Filed ... 19 ... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24-33

22. I HEREBY CERTIFY, That I attended deceased from 11-17-33, 19 ... to 11-24-33, 19 ...

I last saw her alive on 11-24-33, 1933 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowel Obstruction	11-23-33
Other contributory causes of importance:	
Acute Dilatation of Stomach	11-23-33

Name of operation Gastrostomy Date of 11-24-33

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry K. Tenny, M. D.

(Address) ...

D. H. 1268-9

✓ E 95718

5718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 N. Calvert St.) (17 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

FULL NAME Alexander B. Smart

(a) Residence: No. 2112 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Jan. 23, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Canada

13. NAME: George Smart

14. BIRTHPLACE (city or town) (State or country): Canada

15. MAIDEN NAME: Jane Brown

16. BIRTHPLACE (city or town) (State or country): Canada

INFORMANT: Miss Elizabeth McLaughlin

(Address) 4332 Old York Road

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Nov. 28, 1933

UNDERTAKER: E. Levy & Tyler, Inc.

(Address) 1252 E. Monument

FILED: Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-24-1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Prussic Acid Poison (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John J. Mowlds M. D. Coroner

(Address) 367 W. Lanvale

H. D. B. 1268-9

Heinrich ✓ E 95719

HEALTH DEPARTMENT—CITY OF BALTIMORE

5719

CERTIFICATE OF DEATH

Registered No. Hosp. Ind 123

1. PLACE OF DEATH

West Baltimore General Hosp. Ind 123

CITY OF BALTIMORE: (No. ..... St. 23-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Jennie Weinrich

(a) Residence: No. 1316 Light St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Weinrich

DATE OF BIRTH (month, day, year) 2.10.1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

13. NAME H. Cross

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

15. MAIDEN NAME Josephine Legrand

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

17. INFORMANT Mr. Philip Weinrich

(Address) 1316 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date 11/28/33, 19...

19. UNDERTAKER J. Fahey & Son

(Address) 1311 Light St.

Filed ....., 19... ..... Registrar.

7533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24- , 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 , 1933 to Nov 24 , 1933

I last saw h.. alive on Nov. 24 , 1933. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	11-24-33

Other contributory causes of importance: Ruptured Appendix ?

Operated Appendicitis

Name of operation Laparotomy Date of 11/24/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John L. Bamberger M. D.

(Address) 1316 Light St.

H. D. B. 1268-9

95720 ✓ E 95720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16-01 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred Gilliam

(a) Residence: No. 1036 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nannie Gilliam

7. DATE OF BIRTH (month, day, year) June 2, 1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bruns. Co. Va.

13. NAME James Gilliam

14. BIRTHPLACE (city or town) (State or country) Brunswick Co. Va.

15. MAIDEN NAME Marg. Binford

16. BIRTHPLACE (city or town) (State or country) Brunswick Co Va.

17. INFORMANT Wife (Nannie Gilliam)
(Address) 1036 E. Monument.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hanover Cem Date 11-27 1933

19. UNDERTAKER Bassett & Jamison
(Address) 1118 Mc Henry St

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24/1933

22. I HEREBY CERTIFY, That I attended deceased from 11/1/33 to 11/24 1933

I last saw h.. alive on 11/24 1933 Death is said to have occurred on the date stated above, at 11 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of jaw.	4 Mos ago 11/24/33
Embolus. ?	
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

H. D. B. 1268-9

E 95721

95721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 W. Franklin St., 17-al Ward)

Length of residence in city or town where death occurred No yrs. No mos. One ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Wilson

(a) Residence: No. 729 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Nov. 26, 1933

AGE: Years: No | Months: No | Days: No | If LESS than 1 day: 21 hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Tobe Cobb

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Zelda Wilson

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Zelda Wilson
(Address) 729 W. Franklin.

18. BURIAL, CREMATION, OR REMOVAL
Place Wm. Mc Callay Date Nov 29 19 33

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

NOV 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1933 to Nov. 27, 1933

I last saw her alive on Nov 26, 1933 Death is said to have occurred on the date stated above, at 1 0 A.m.

The prinripal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

32 wks

Other contributory causes of importance:

Internal injuries

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. H. Kemp M. D.

(Address) Provident Hospital

D. B. 1268-9

✓ E 95722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 7-01 St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Isrell
(a) Residence: No. 267 St Helena Ave St., ... Ward. Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/16/33

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Wm Isrell
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Madelene Gaffney
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place J H Med College Date Nov 27, 1933
19. UNDERTAKER
(Address) [illegible]
Filed 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1933, to Nov 19, 1933.
I last saw him alive on Nov 19, 1933. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
1	Prematurity	
2	Hemyaline Membrane	
	[illegible]	
3	Aspiration Pneumonia (bronchol)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) John B Washington M. D.
(Address) Johns Hopkins

H. D. B. 1268-9

✓ E 95723

HEALTH DEPARTMENT—CITY OF BALTIMORE

95723

CERTIFICATE OF DEATH

Registered No. 154

1. PLACE OF DEATH West Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Gofoth

(a) Residence: No. 608 Nicole Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	—

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 26, 1933

AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Gofoth

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Billie Erhardt.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Mother - Mrs. G. Gofoth
(Address) 608 Nicole Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med College Date Nov 27 19 33

19. UNDERTAKER
(Address)

20. FILED Nov 27 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1933 to Nov. 26 1933
I last saw h.. alive on Nov. 26 1933 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 1/2 mo.)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon Ashman M. D.

(Address) West Balto. Gen. Hosp.

D. B. 1268-9

E 95724

5724

78543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius Visanska

(a) Residence: No. 19 E. Battery ave St., ... Ward. Charleston S Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	unmarried

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-1-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME George Visanska

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Ann Winstock

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Charleston, S.C. Date Nov 27 1933

19. UNDERTAKER Heard Southern & Son

(Address) 1202 Eastern Ave

Filed ..... 19— ..... Registrar.

71933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov - 3, 1933 to Nov 26, 1933

I last saw him alive on Nov 26, 1933. Death is said to have occurred on the date stated above, at 8 43 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/16/33
Peripheralic injection, post spontic	11/17/33

Other contributory causes of importance:

Benign prostatic hypertrophy

Name of operation Perineal prostatectomy Date of 11/8/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hugh J Jewett, M. D.

(Address) Johns Hopkins Hospital

. D. B. 1268-9

✓ E 95725

HEALTH DEPARTMENT—CITY OF BALTIMORE

5725

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Esplanade Apts. 5 D. St. 13-01 Ward)

ength of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses S. Kahn

(a) Residence: No. Esplanade Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lavinia Kahn

DATE OF BIRTH (month, day, year) Aug. 5, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pharmacist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, M.d

13. NAME Samuel Kahn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Steiner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Frank Kahn

(Address) Esplanade Apts

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem Date Nov. 28, 1933

UNDERTAKER Hurst-Sondheimer Son

(Address) 1902 Eutaw Place

Registrar.

7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933, to Nov 26, 1933.

I last saw h... alive on Nov 26, 1933. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 day
Other contributory causes of importance:	
Arterio-sclerosis & Angina pectoris	1 year

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Lutz, M. D.

11-27-33 (Address) Temple Garden Apts.

D. B. 1268-9

E 95726

HEALTH DEPARTMENT—CITY OF BALTIMORE

95726

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 1300 Ward)

Length of residence in city or town where death occurred ... yrs. 60 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Meier Katz. Riviera apts 1a

(a) Residence: No. Baltimore, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophie V. L. Katz

6. DATE OF BIRTH (month, day, year) Oct. 17, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md

13. NAME OF FATHER Kaufman Katz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. C. Stephany

(Address) Lenox Apts.

BURIAL, CREMATION, OR REMOVAL

Place Chev Shalom Cem. Date Nov 28, 1933

UNDERTAKER Hand, Sondheimer & Son

(Address) 1902 Eutaw Place

FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1933 to Nov. 26, 1933

I last saw him alive on Nov. 26, 1933. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma with metastases to lungs and brain spine & ribs	May 1931

Other contributory causes of importance:

Bronchial pneumonia	Nov 23, 1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) David N. Andrew. M. D.

(Address) Church Home & Infirmary

H. D. B. 1268-9

E 95727

5727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 12-191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) N.W. Cor. 34th St. & Guilford Ave. St., 12 (Ward).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Paul J. Levering

(a) Residence: No. N.W. Cor. 34th St. & Guilford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora I. Brooks

DATE OF BIRTH (month, day, year) Dec. 18, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	11	7 8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con. Gas. & Electric Co.

10. Date deceased last worked at this occupation (month and year) --------

11. Total time (years) spent in this occupation --------

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Louis R. Levering

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Pauline M. Levering

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Rodney J. Brooks

(Address) 115 E. Melrose Avenue

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cemetery Date 11/28 1933

19. UNDERTAKER Charles H. Wenck & Son

(Address) 2 W. Preston St.

20. FILED 11/29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 1928, 19.., to 11-26 1933.

I last saw h[illegible] alive on 11-26 1933. Death is said to have occurred on the date stated above, at 5 15 ft m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ANGINA PECTORIS	1930
Other contributory causes of importance: CORONARY THROMBOSIS	11-25-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

. D. B. 1268-9

E 95728

95728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 12-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marthe Delorsen

(a) Residence: No. 1607 Rutland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

6. If married, widowed, or divorced: HUSBAND of (nr) WIFE of Jos. B. Delorsen

DATE OF BIRTH (month, day, year) 4/15/1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. nr ..... min.
	63	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Waynesboro Pa.

13. NAME Joseph Landy

14. BIRTHPLACE (city or town) (State or country) Royettsville Pa.

15. MAIDEN NAME Henrietta Landy

16. BIRTHPLACE (city or town) (State or country) Royettsville Pa.

INFORMANT William Delorsen

(Address) 1607 Rutland ave.

BURIAL, CREMATION, OR REMOVAL

Place Midvale Pa Date 11/28 1933

UNDERTAKER J. Melville Jenkins

(Address) 15 E Lanvale ave.

FILED 1933 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1933 to 11/26, 1933.

I last saw her alive on 11/26, 1933. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	6 mos

Other contributory causes of importance:

Multiple sclerosis ?

Name of operation None. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Boston M. D.

(Address) Balto City Hosp

. D. B. 1268-9

E 95729

HEALTH DEPARTMENT—CITY OF BALTIMORE

5729

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Deagessed

(a) Residence: No. 709 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Oct 26 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME OF FATHER Chas Deagessed

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Anna Thalheimer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Balt. City Hospitals

(Address) Records

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 28, 1933

UNDERTAKER Rita Weddel & Co

(Address) 914 Greenmount Ave

FILED 1933 Hunington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1933 to 11-25, 1933

I last saw him alive on 11-24, 1933. Death is said to have occurred on the date stated above, at 2:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cecum and Ascending Colon	?
Chronic Nephritis	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. P. Boyce M. D.

(Address) Balto City Hosp.

B. B. 1268-9

E 95730

95730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James F. Norris

(a) Residence: No. 1122 Darley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy E Norris

DATE OF BIRTH (month, day, year) Feb 19 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Edgar Patrick Co

13. NAME Jno F Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Searle

16. BIRTHPLACE (city or town) (State or country) Harrisville Md

INFORMANT Marion E Norris

(Address) 141 S Linwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Near Belair Md Date Nov 29th 1933

UNDERTAKER Wm Cook

(Address) 121 S Paca St

FILED Nov 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	

Other contributory causes of importance:

Septicemia	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C C Norgord M. D. Coroner

(Address) 134 N Patterson Park Ave

H. D. B. 1268-9

✓ E 95731

5731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas G. Cole

(a) Residence: No. 2314 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R Cole

DATE OF BIRTH (month, day, year) Dec. 1, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 59	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 10 05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Cole

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Granach

16. BIRTHPLACE (city or town) (State or country) Balto Co, Md

17. INFORMANT Friends (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Private Burying Grounds Date Nov 29th, 1933

19. UNDERTAKER Wm Cook (Address) 1217 E Pratt St

Filed Nov 30, 1933 Registrar.

71933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933 to November 25, 1933

I last saw h alive on November 25-33 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	6 hrs
Heart disease, rheumatic	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Thagard M. D.

(Address) Balt City Hosp

B. 1268-0

E 95732

HEALTH DEPARTMENT—CITY OF BALTIMORE

95732

CERTIFICATE OF DEATH

16

PLACE OF DEATH Franklin Square Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1315 W. Fayette St., 16 Ward)

gth of residence in city or town where death occurred 20 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas Melvin Moore

(a) Residence: No. 1315 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

(married, widowed, or divorced
BUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Aug. 20, 1913

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	3	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window dresser

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

8. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore Md.

9. NAME Thomas Alvin Moore

10. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

11. MAIDEN NAME Florence Atkinson

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Edith Malone

(Address) 1315 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Cambridge md Date 11/28, 1933

UNDERTAKER Wm Ewalt

Address 1931 St Paul St

FILED 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Nov. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1933 to Nov. 26, 1933

I last saw him ~~alive~~ dead on Nov 26, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Poliomyelitus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy Y. Cromwell M. D.
Coroner

(Address) 203 Patapsco Ave

H. D. B 1268-9

Elizabeth H. Carter ✓ E 95733

5733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 Walbrook Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elizabeth H. Carter

(a) Residence: No. 3400 Walbrook Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 4, 1851

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Elizabeth Baker

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 12/30/33 19

19. UNDERTAKER Harry T. Carter
(Address) 1600 Eutaw Place

19 1933 Interred Loudon Park, Dec 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-5-26, 19..., to 11-26-33, 19...

I last saw h... alive on 11-26-33, 19..... Death is said to have occurred on the date stated above, at 6:44 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decubitus Ulcer	1933
Other contributory causes of importance:	
Odema of lungs	1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) ..... M. D.

(Address) 3400 Walbrook Ave

D. B. 1268-9

E 95734

5734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2832 Riggs ave St., 16-91 Ward)

gth of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Carrie Lee Lumley

(a) Residence: No. 2832 Riggs ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of James H. Lumley 1882

DATE OF BIRTH (month, day, year) Sept 1- 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	2	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Raleigh & Carter.

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary E. Pitt.

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Jas. H. Lumley

(Address) 2832 Riggs ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 28 1933

UNDERTAKER Geo H Cattle

(Address) 1533 Hanover [illegible]

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16th 1933 to Nov. 25th 1933

I last saw her alive on Nov. 25th 1933. Death is said to have occurred on the date stated above, at 9.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1931
Other contributory causes of importance:	
Ch. Valvular Heart Disease	1931

Name of operation none Date of —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

H. D. B. 1268-9

✓E 95735

95735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 21-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1163 Carroll St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Kaufman,

(a) Residence: No. 1163 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Kaufman,

DATE OF BIRTH (month, day, year) December 20, 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs George Hegmouth

(Address) 1163 Carroll St

18. BURIAL, CREMATION, OR REMOVAL NOV 29 1933

Place Woodlawn Date 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. Filed NOV 30 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 26 1933 19

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to Nov 26 1933

I last saw him alive on 11-26 1933 Death is said to have occurred on the date stated above, at 10 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2 days
Other contributory causes of importance: Generalized Arterio-Sclerosis	
Cardio-Vascular Disease	15 yrs

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph F Kaufmann M. D.

(Address) 6716 Washington Blvd

D. B. 1268-9

5736 E 95736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. Hopkins Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frances Jordon

(a) Residence: No. 1506 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Sept 30/32

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Clarence Jordon

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Evelyn Gettner

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balt Reburial Date 11-28-33

UNDERTAKER Randall E. Tompkins
(Address) Park Heights

FILED 1933 Frederick Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 8.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	11/23/33
Due to probable lead poisoning from toys or furniture	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. E. Vance, M. D.
Coroner

(Address) 507 E North Ave

D. B. 1268-9

✓ E 95737

95737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Bayonne St. Ward) 7-C

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel H Grafton

(a) Residence: No. 3302 Bayonne Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice M. Grafton

7. DATE OF BIRTH (month, day, year) Feb 26 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel H Grafton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary E David

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs E B Grafton

(Address) 3302 Bayonne Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date 11 28 1933

UNDERTAKER Tilley & Son

(Address) 1511 E Fayette St

Huntington Indiana

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1931 to 11/25 1933

I last saw him alive on 11/25 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Prior
Chr. Interstitial nephritis	4/20/31
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how .....

(Signed) Chas B Wallace M. D.

(Address) 1031 St Paul St

7 1933

D. B. 1268-9

E 95738

95738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 402 E 28th St. (Ward) 12-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia D. Bentz

(a) Residence: No. 402 E 28th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Carl D. Bentz

DATE OF BIRTH (month, day, year) Aug 15, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John L. Gude

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Gude

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Ernest E. Bentz

(Address) 402 E 28th St

BURIAL, CREMATION, OR REMOVAL Place London Park Date 11/29/33

UNDERTAKER Wm Cook & Son

(Address) N. 1217 St Paul St

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 33

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Nov. 26, 1933

I last saw her alive on Nov. 26, 1933. Death is said to have occurred on the date stated above, at 1.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 14, 1933
Other contributory causes of importance:	
Arteriosclerosis	2 yrs ago.

Name of operation — Date of —

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Wm H. Fauntleroy, M. D.

(Address) 2740 St. Paul St.

D. B. 1268-8 E 95739

E 95739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JAMES PAUL GARLITZ

(a) Residence: No. Mt. Savage, Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

7. DATE OF BIRTH (month, day, year) May 15, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Paul Garlitz

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Noonan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mercy Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Savage Date 11/28/33

19. UNDERTAKER and P. Garlitz
(Address) Mt Savage Md

Filed 11/28/1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.27.33 , 19

22. I HEREBY CERTIFY, That I attended deceased from 9.28.33 , 19 , to 11.27.33 , 19 ..

I last saw him alive on 1:30 PM 11.27.33 , 19 .. Death is said to have occurred on the date stated above, at 1:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Streptococcic Meningitis	5.15.33

Other contributory causes of importance:

Post Operative Shock	

Name of operation Cerebral Decompression Date of 11.27.33

What test confirmed diagnosis Operation Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Joseph V. [illegible] M. D.

(Address) Mercy Hospital

M. D. B. 1268-9 E 95740 ✓ E 95740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Universal Hotel St. 4-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos. 16 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mr. George Washington Young

(a) Residence: No. Clinton N J St., West Main

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs H I Young

6. DATE OF BIRTH (month, day, year) Oct. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fruit + Vgit. grower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month) and (year) 5-16-32

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Pills town N J.

13. NAME OF FATHER William Young

14. BIRTHPLACE (city or town) (State or country) N J

15. MAIDEN NAME OF MOTHER Maria Hulsizer

16. BIRTHPLACE (city or town) (State or country) N J.

17. INFORMANT Mrs Jno. W Young

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sharpetts Date 11-28 1932

19. UNDERTAKER Ella Zalar Inc

(Address) 433 S. Mount St.

Registrar

11-27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1932, to 11-27, 1932

I last saw him alive on 11-27, 1932. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of Prostate	?
2 metastases to pelvic bones, ribs and clavicle	
Other contributory causes of importance: Pulmonary Edema	11-27-32

Name of operation Suprapubic Cystotomy of 1932

What test confirmed diagnosis? Symp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Hanna M. D.

(Address) Union Memorial Hospital

D. B. 1268-9

E 95241

E 95741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2337 Duker Ct. St., 1-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Amelia F Lanfranchi

(a) Residence: No. 3 2337 Duker Ct St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced
HUSBAND of Leo Lanfranchi
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 1 1901

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
32	11	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto
(State or country) Md

13. NAME Fred W Schnitzer

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Pauline Heyn

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Norma M Schnitzer
(Address) 1315 Hudson St

BURIAL, CREMATION, OR REMOVAL
Place Schwartzs Date Nov 28 1933

UNDERTAKER George W. Zuber
(Address) 1937 E Eager St

FILED Nov 29 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation Accidental	
Drowning Gas	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Nov 26 1933

Where did injury occur? 2337 Duker Ct
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation

Nature of injury Inhaling Gas

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Fulton Ave

D. B. 1268-9

E 95742

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95742

V 82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 Harford Road 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia M Lowe

(a) Residence: No. 2139 Harford Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred A Lowe

DATE OF BIRTH (month, day, year) Jan 8 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Edison L Lowe

(Address) 802 Courtenay Rd

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 11/28 1933

UNDERTAKER J M Cook

(Address) 1217 E Lord St

FILED 11/28 1933 19 ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/24/33 19 ..... to 11/26 19 33.

I last saw h.e alive on 11/26/33 19 ..... Death is said to have occurred on the date stated above, at 7 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	2 days
Other contributory causes of importance:	
Cardiac failure	12 hrs.
Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Forrest Lee, M.D. M. D.

(Address) 2147 Harford Road

H. D. B 1230-9 E 95743 E 95743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp St. 24-61 Ward)
Length of residence in city or town where death occurred ..yrs. 7 mos. 9 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Patricia Oliver

(a) Residence: No. 1617 Covington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 18 1933

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Oliver

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Ford

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs Ford
(Address) 1617 Covington St.

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date Nov. 28 1933

UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Nov 27 1933

I last saw h.. alive on Nov 26 1933 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Otitis Media
Encephalitis
Cyclitis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) G. S. Baker M. D.
(Address) University Hosp

E 95744

M. D. B. 1200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95744

131

Registered No. .....

1. PLACE OF DEATH Good Shepherd General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-08 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Moulden

(a) Residence: No. 1384 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Moulden

7. DATE OF BIRTH (month, day, year) Dec 25 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Moulden

(Address) 1384 N. Woodyear St

18. BURIAL, CREMATION, OR REMOVAL

Place Fit Auburn Date Nov 29 1933

19. UNDERTAKER Wm. H. Chase & Son

(Address) 638 N. Gilmor St

20. FILED Nov 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933 to November 26 1933

I last saw her alive on November 26 1933 Death is said to have occurred on the date stated above, at 11 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular renal disease	Unk
Hemiplegia	11/20/33

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

35745 E 35745

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH University Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St. 15-W Ward)

ngth of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Washington Brookins

(a) Residence: No. 1363 N. Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 15, 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. White Washer & Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Gloucester Co Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Aggie ?

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Lucinda Bean

(Address) 1345 Stockton St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Nov. 28, 1933

UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston St.

NOV 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-1-33, 19... to 11-24-33, 19...

I last saw him alive on 11-24, 1933. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Pulmonary Edema	11-24

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) H W Langhorne M. D.

(Address) Med & Ho - C.I

c.—1-12-23—M&T—500 Blks.

Louise Kuzmewicze

E 95746 HEALTH DEPARTMENT—CITY OF BALTIMORE E 95746

V 108

CERTIFICATE OF DEATH.

REGISTERED NO. 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (a) NO. 4414 Eolan Rd (ST.) (WARD)

2-FULL NAME Louise Kuzmewicze

(a) RESIDENCE NO. 1419 N Severn St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: widow

DATE OF BIRTH (month, day, and year): unknown

AGE: 62 (Years / Months / Days)

If LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Lithuania

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

Informant (Address): Mary A Lasinski 1414 Eolan Rd

Filed 11-23 19 33 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-20-33

17 I HEREBY CERTIFY, That I attended deceased from 11-21-33 to 11-20-33

that I last saw h alive on 11-20-33

and that death occurred, on the date stated above, at 2:00 m

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Senile Carditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of,

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Kuzmewicz M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

UNDERTAKER: Chas L Buchanan

DATE OF BURIAL: 11/29 1933

ADDRESS: 687 S. Pacaste

D. B. 1268-9

35747

HEALTH DEPARTMENT—CITY OF BALTIMORE

35747

CERTIFICATE OF DEATH

V 46 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Garrison Blvd St. 15-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Prince

(a) Residence: No. 2910 Garrison Blvd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Turner Prince

DATE OF BIRTH (month, day, year) Feb. 19, 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Wm. L. Prince

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Mary Magill

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mrs. Charles Prince

(Address) 2910 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lakeran, S.C. Date Nov. 28, 1933

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North Carlton

20. FILED NOV 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933 to Nov 26, 1933. That saw h.. alive on Nov 26, 1933 Death is said to have occurred on the date stated above, 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. C. Bennett M. D.

(Address) 4509 Liberty Hgts Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M
E 95748
95748
210-001
Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Union Memorial Hosp. St., 7th Ward)

gth of residence in City or town where death occurred 73 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Martin

(a) Residence: No. 251 S. Loudon Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Nov. 8, 1860

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ofc
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

3. NAME David Martin

4. BIRTHPLACE (city or town) (State or country) Md.

5. MAIDEN NAME ? Robinson

6. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Mrs Helen Martin Joslin

(Address) 251 S. Loudon Ave.

URIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov 28 1933

UNDERTAKER Wm J Pickrug & Sons

(Address) North & Fayette.

NOV 28 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 . 19 . to 19

I last saw h alive on Nov. 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11 25 1933

Where did injury occur? York Rd & Cold Spring Lane
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sokony M. D.
Coroner

(Address) 2100 E Madison St

E 95749

E 95749

82-001

...8-16-29—L. F. S.—100 Pts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3930 Belview Ave ST. 15-6th (WARD)

2—FULL NAME Georgeanna K. Lewis

(a) RESIDENCE NO. 3930 Belview Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of C. Howard Lewis M.D.

6 DATE OF BIRTH (month, day, and year) Sept. 14-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Peter Jane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Georgeanna Cannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balti. Md

Informant Mrs Robt Heath

(Address) 3930 Belview Ave

Filed NOV 28 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-27-'33

17 I HEREBY CERTIFY, That I attended deceased from Oct-12, 1933, to Nov-27, 1933, that I last saw her alive on Nov-26, 1933 and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Hemiplegia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Optical

(Signed) C. Irvine Jones, M. D.

, 19 (Address) 2802 Rosalyn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Nov. 29 1933

20 UNDERTAKER: Chas. E. Doanch ADDRESS: 804 Madison Ave

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95750 V 181 E 95750

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ruth M. Schultz

(a) Residence: No. 919 N. Chanel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	6. Color or Race	7. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) August 20/1929

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Schultz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Cole

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Margaret Schultz
(Address) 919 N. Chanel St

BURIAL, CREMATION, OR REMOVAL
Place Dulaney Date Nov. 29, 1933

UNDERTAKER Jacob Cohen & Son
(Address) 1926 Eutaw St

FILED NOV 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Burns over Face, arms & body.	Nov 26

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Nov 29
Where did injury occur? 919 N. Chanel St (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home- while sis & brother were playing with oil lamp & paper, clothes ignited.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Cain Coroner, M. D.
(Address) 308 E Monument

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95751
93-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2508 N Charles St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 62 yrs. 0 mos. 12 ds.

2. FULL NAME Lula Stagnier Byrne
(a) Residence: No. 2508 N Charles St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Byrne
7. DATE OF BIRTH (month, day, year): Nov-15-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none
12. BIRTHPLACE (city or town) (State or country): Waco Texas
13. NAME: Jno. A. Stagnier ? ?
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME: Harriet Compton ? ?
16. BIRTHPLACE (city or town) (State or country): Kentucky
INFORMANT: Mrs Dorothy Byrne (Daughter)
(Address) 2508 N Charles St
BURIAL, CREMATION, OR REMOVAL
Place: Charlestown W Va. Date: Nov-28 1933
UNDERTAKER: Stewart Mortuary Co
(Address) Cor Preston
FILED: NOV 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-27-33 . 19
22. I HEREBY CERTIFY, That I attended deceased from Feb. , 1925 to Nov. 27, 1933
I last saw her alive on Nov. 27, 1933 Death is said to have occurred on the date stated above, at 1.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial insufficiency with Pulmonary edema (5 attacks since Feb. 1933)	Feb. 1933
Other contributory causes of importance: Arterio-sclerosis & hypertension	?

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19 ———
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W D Foreman M. D.
(Address) 1107 St. Paul St.

M. D. B. 1268-695752 695752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-001

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Baby Girl Harris (Jane Marlene)

(a) Residence: No. 921 E. 30th Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) September 10 1933

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME John Wesley Harris

14. BIRTHPLACE (city or town) (State or country) Parkgrove Maryland

15. MAIDEN NAME Abbie Amelia Hinkel

16. BIRTHPLACE (city or town) (State or country) Myerstown Penna.

17. INFORMANT Mother

(Address) 921 E 30th street

18. BURIAL, CREMATION, OR REMOVAL (Cremation) Autopsy for pathological study — 19

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

E 61603

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1933, to November 25, 1933

I last saw h[illegible] alive on November 25, 1933. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Spina bifida	9/10/33
Hemorrhage	9/10/33
Hydrocephalus	10/1/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucanne Seeling M. D.

(Address) Union Memorial Hospital

E 95753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95753

82-001

CERTIFICATE OF DEATH

REGISTERED NO. 17-01

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Etting ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Della Griffin

(a) RESIDENCE NO. 1124 Etting ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, (Widowed,) or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mississippi

10 NAME OF FATHER: Lewis Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Miss.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Miss.

Informant: Mrs. Della A. Sampson

(Address) 1124 Etting Street

NOV 28 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26th 1933

17 I HEREBY CERTIFY, That I attended deceased from 11—15, 1933, to 11—26, 1933;

that I last saw her alive on 11—26, 1933

and that death occurred, on the date stated above, at 8:55 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Accident

Cardiac Dilatation

Right Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler M. D.

11/28, 1933 (Address) 402 N. Carlin Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 11/29 1933

ADDRESS 518 N Biddle St

20 UNDERTAKER: Samuel Hemsley

D. B. 126-40 E 95754 E 95754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 743 Wilmer St., 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Ernest Cousin

(a) Residence: No. 743 Wilmer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1890

Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Va
(State or country)

13. NAME
14. BIRTHPLACE (city or town) Va
(State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Police Dept Record
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-27 1933

UNDERTAKER Daniel Easton
(Address) 916 Pa Ave.

NOV 28 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1933 to Nov 23 1933

I last saw h alive on Nov 19 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Lobar Pneumonia	6 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Polk Coroner M. D.
(Address)

D. B. 1268-9 E 95755 E 95755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 174

23-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. Hospital Ward)

Length of residence in city or town where death occurred 13 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Certrude Tilghman.(C)

(a) Residence: No. 1029 Race St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) February 13, 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	9	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

10. NAME William Tilghman.(C)

11. BIRTHPLACE (city or town) (State or country) Maryland.

12. MAIDEN NAME Maude Landman.(C)

13. BIRTHPLACE (city or town) (State or country) Maryland.

14. INFORMANT Maude Brown.(C) mother.
(Address) 1029 Race St.

15. BURIAL, CREMATION, OR REMOVAL
Place Denton Md Date 11-27 19 33

16. UNDERTAKER David Easton
(Address) 516 Race

17. FILED 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to a stab wound of the neck and lungs.(pocket knife)
Homicide.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquest & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of Injury 11/26/33 19

Where did injury occur? 117 W. West St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in a home.

Manner of injury Stab wound.

Nature of injury Hemorrhage.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. H. Reinhardt M. D.
Coroner

11/28/33 (Address) 1017 S. Charles St.

. H. 1268-9 E 95756

E 95756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 167

PLACE OF DEATH Near B. & O. Tracks Washington Blvd.

Y OF BALTIMORE: (No. ..... St. 17-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 5 yrs. mos. ds.

FULL NAME Vernon Martinez

(a) Residence: No. 1223 Myrtle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Sept. 24, 1893

E: Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) mexico

. NAME unknown

. BIRTHPLACE (city or town) (State or country)

. MAIDEN NAME unknown

. BIRTHPLACE (city or town) (State or country) Mexico

NFORMANT Mary Martinez

(Address) 1223 Myrtle Ave

URIAL, CREMATION, OR REMOVAL

Place Greenmount & Md Date Nov 28. 1933

NDERTAKER .....

(Address) .....

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found Nov 21-1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide, Shot gun wound of head

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Guy N. Cromwell M. D. Coroner

11/21/33 (Address) 533 Patapsco Ave.

D. B. 1268

E 95757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95757

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hospital St., 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Harrison

(a) Residence: No. 1925 Harlem St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced: Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1888

7. AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT: Esther Bell

(Address) 1925 Harlem

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: Nov 28, 19

UNDERTAKER: Commissioner Health

(Address)

FILED (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Nov 19th Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Alcoholism

Date of onset

Other contributory causes of importance:

Name of operation: Resection Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

M. D. B. 1268-B

E 95758

E 95758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital 19-01 115-001 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 19-01 Ward)

Length of residence in city or town where death occurred 10 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Howath

(a) Residence: No. 1839 Ramsay St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 29, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frank Howath

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Saga

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Frank Howath

(Address) 1839 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Penn Date Nov 29th 1933

19. UNDERTAKER C. J. Jones

(Address) 111 S. Gilmor St

20. FILED ... 19... by ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1933 to Nov. 27, 1933

I last saw him alive on Nov. 27, 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Abscess,	" 22/33
Septic Sore Throat	11/21/33

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Harry Lapman M. D.

(Address) Sydenham Hospital

. B. 1268-9

E 95759

5759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Johns Hopkins University (Homewood) St. ? Ward 2 - 04)

th of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James E Cooper

(a) Residence: No. Johns Hopkins University St. Homewood Ward .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
lr.	White.	Married.

married, widowed, or divorced) HUSBAND of (or) WIFE of H. Eleanor Cooper

ATE OF BIRTH (month, day, year) May. 30 1877

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	5	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Supt of Grounds

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland.

. NAME James. Cooper.

. BIRTHPLACE (city or town) (State or country) Maryland.

. MAIDEN NAME Clara. Annacost

. BIRTHPLACE (city or town) (State or country) Maryland.

FORMANT H Eleanor. Cooper

(Address) Johns Hopkins University

RIAL, CREMATION, OR REMOVAL Loc. Cem. Forest Hill Md.

Date 11/29 1933

NDERTAKER Mrs Chas A G Rohde

(Address) 3227 Edmondson Ave

Registrar.

EAON

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27th. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Disease of Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If ..., specify .....)

(Signed) John H Hayman M. D.
Coroner

(Address) 3612 Roland Ave

Cor.—10-10-29—A Co.—100 Bks.

95760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95760

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH 1072 West Fayette Street

City of Baltimore: (No. 18-01 St., 18 Ward)

2-FULL NAME Agnes Blum

(a) RESIDENCE NO. 1072 West Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20, 1916

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	17	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

10 NAME OF FATHER Clarence Blum

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Springler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md

14 Informant Clarence Blum
(Address) 1072 W. Fayette St

Filed NOV 3 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27/33 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duratinn) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? (Physical Signs)

(Signed) Guy H. C. Yonwell M. D.

19 (Address) 203 Patapsco Ave. Bklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral Cem

DATE OF BURIAL 11/29/ 1933

20 UNDERTAKER John F. Cowan & Co.

ADDRESS 901 Eastern Ave

D. B. 1268-8

E 95761

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 95761

CERTIFICATE OF DEATH

93-004

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Viola Thomas

(a) Residence: No. 1217 St. James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dec 19/1890

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

3. NAME Frank Thomas

4. BIRTHPLACE (city or town) (State or country) Port Deposit, Md

5. MAIDEN NAME Leta Lavinge

6. BIRTHPLACE (city or town) (State or country) Port Deposit, Md

INFORMANT Wm. C. Thomas
(Address) 571 Oxford St

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11/28 19 33

UNDERTAKER Chas. H. Colpoys & Son
(Address) 514 N. Eutaw St

FILED DEC 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	
Other contributory causes of importance: Probable Myocardial Insufficiency	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Stoltz M. D. Coroner

(Address) 506 E Fayette

E 95762

H. D. B. 1268-9

95762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., H-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 11 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Alf Olsen

(a) Residence: No. SS Karmoy St., ... Ward. Norway

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 2, 1910

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS Karmoy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Flekkefjord Norway

13. NAME Thorvald Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

INFORMANT Captain C. Johnsen

(Address) SS Karmoy

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Nov. 29, 19 33

UNDERTAKER Chas. H. Cook

(Address) 1005 E. Baltimore St.

FILED Nov. 29, 1933 Registrar.

81933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/22, 1933 to 11/27, 1933

I last saw him alive on 11/27, 1933 Death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malaria (Tertian & Quartan)	
Nephritis (acute)	
Other contributory causes of importance:	
Uremia	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lee Bonnie, M. D.

(Address) University Hospital

D. B. 1268-9

E 95763 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE E. 95763

5763

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charlotte Henning

(a) Residence: No. German Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Henning

6. DATE OF BIRTH (month, day, year) December 19, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blankenburg-Harz
(State or country) Germany

13. NAME Fred Foesterling

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Wilhelmina Pest

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore and Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 29, 1933

19. UNDERTAKER Joseph B. Cook
(Address) 1005 N. Baltimore St.

20. 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 - 1933 to Nov. 26 - 1933

I last saw her alive on Nov. 26 1933 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	7
Senile Arteriosclerosis	7
Hypostatic Pneumonia	10 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

11/28/33 (Signed) Otto Hennings M. D.
(Address) 2000 Hollins St.

E 95764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 45-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Liberty Heights Ave. 45 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Emily Virginia Holland

(a) Residence: No. 3911 Liberty Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Holland

DATE OF BIRTH (month, day, year) Oct 12. 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1.	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Delanty

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Harrington

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Ruth G. Mullikens

(Address) 3911 Liberty Heights

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 29. 1933

UNDERTAKER Mr. & Mrs. John N. Teufel & Son

(Address) 801 N. Fayette St.

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9. 1932 to Nov 27. 1933

I last saw her alive on Nov 27. 1933 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11/26/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis W. Gluck M. D.

(Address) 1115 St Paul St.

M. D. B. 1868-9

5765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167-B-95765

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Ferdinand Meyer

(a) Residence: No. Belvedere Hotel, Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Eighty Five	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME B. H. Meyer

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Frederica Kuhle

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Frederick W. Kuehle
(Address) 2834 Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec 29, 1933

19. UNDERTAKER Henry W. Jenkins Sons
(Address) 1 W. Eutaw St. Baltimore Md

20. FILED DEC 28 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1933, to November 27, 1933.

I last saw him alive on November 27, 1933. Death is said to have occurred on the date stated above, at 1:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	11/10/33.
Other contributory causes of importance: Operation for prostatic Hypertrophy	6/26/33

Name of operation Staged pubic cystotomy Date of 6/26/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. B. Settle, M. D.

(Address) Union Memorial Hospital

D. B. 1268-9

5766

V E 95766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2337 Decker Ct St. 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Edward Lampasski

(a) Residence: No. 2337 Decker Ct St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emily

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Poole
(State or country) Md

10. NAME Mrs Lampasski

11. BIRTHPLACE (city or town)
(State or country) Poland

12. MAIDEN NAME Caroline Dombrowski

13. BIRTHPLACE (city or town)
(State or country) Poland

14. INFORMANT Mrs Lampasski
(Address) 116 S Madeira St

15. BURIAL, CREMATION, OR REMOVAL Date Nov. 29 1933
Place National

16. UNDERTAKER F. W. Rozwadowski
(Address) 1130 Hollins St

Filed ..... 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12 a. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation, accidental	
Illuminating Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Nov 26 1933
Where did injury occur? 2337 Decker Ct
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Making Gas
Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) ..... Coroner, M. D.
(Address) 1200 Pulaski Hwy

H. D. B. 1268-9

✓ E 95767

5767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-001

Registered No. .....

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dennis C. Small

(a) Residence: No. Kingsville, Md. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	✓

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) February 14, 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kingsville Baltimore Co. Md.

13. NAME Robert Clyde Small

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Maryland

15. MAIDEN NAME Fannie Smith

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Robt C Small (Address) Kingsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Dandorum Cemetery Date Nov. 20, 1933

19. UNDERTAKER Clarence E. Arthur (Address) Forest Hill, Md.

20. Filed Nov 28 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1933, to November 25, 1933

I last saw him alive on November 25 1933 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Otitis media - bilateral	11-22-33
2. Meningitis - (pneumococcus)	11-24-33
3. Bronchitis - acute	11-24-33

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

D. B. 1268-9 E 95768 V E 95768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Eutaw Place 14 - Ward)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Frank Newman

(a) Residence: No. 1700 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Newman

6. DATE OF BIRTH (month, day, year) Oct. 10, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Nathan Frank

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Babette Rund

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. Fisdel

(Address) 1700 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Het. Friendship Date Nov. 29, 1933

19. UNDERTAKER Baird Sondheim & Co.

(Address) 1902 Eutaw Place

FILED 29 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from about Sept. 1932 to Nov. 28 1933

I last saw her alive on Nov 28 1933 Death is said to have occurred on the date stated above, at 9:15 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Nov 5-33

Other contributory causes of importance:

Hypertension
Nephritis
Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [redacted] No injury

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis Frank, M. D.

(Address) 1700 Eutaw Place

D. B. 1268-9 E 95769

✓ ME 95769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Ann Blum

(a) Residence: No. 923 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) March 5, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Boston

13. NAME Clarence Blum

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Elizabeth Sanders

16. BIRTHPLACE (city or town) (State or country) Lynchburg, Va

INFORMANT Clarence Blum
(Address) 923 W. Baltimore St

BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Nov. 30, 1933

UNDERTAKER Bernard J. Fisk
(Address) 1933 Eastern Ave Balto. Md.

FILED Dec 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19 .. to ongoing, 19 .. I last saw h.. alive on ongoing, 19 .. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

Comp. fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident (Date of injury 11-28, 1933)

Where did Injury occur? Balto. - Liberty St.
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place Street Accident

Manner of injury Auto in which she

Nature of injury was riding collided into Truck

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ..

(Signed) Joseph Yakonis M. D. Coroner

(Address) 100 E Madison St

D. B. 1268-9

E 95770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 95770

93-003

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1807 N Smallwood St. 15-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Levinstein

(a) Residence: No. 1807 N Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Rachmail

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Hirshowitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bryna Uskover

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Celia Levinstein

(Address) 1807 N Smallwood St

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Nov 28, 1933

UNDERTAKER J. Levinson Bro

(Address) 127 E. Baltimore St

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1933, to 11/25, 1933

I last saw h[illegible] alive on 11/25, 1933. Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11/25/33
Chronic Myocarditis	1933
Hypertension	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2360 Eutaw Pl

11-28-1933

H. D. B. 1268-9 E 95771 ✓ E 95771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 59 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20-21 Ward)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Cole.

(a) Residence: No. 311 S. Payson St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) June 24, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector B+O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. + O railroad

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 9

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Edward H. Cole

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Lillie Walter

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Mary'd General Hosp.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19[illegible]

UNDERTAKER George C. Shook
(Address) [illegible]

[illegible] 19[illegible] [illegible]
Registrar.

JAN 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1933 to 11/21, 1933

I last saw h[illegible] alive on 11/21, 1933 Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset
Arteriosclerotic Hypertension
Diabetic Gangrene Left Foot

Other contributory causes of importance:
Pulmonary Edema

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. C. Traum M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9 E 35772 ✓ E 95772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH Good Shepherd Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmore St., 11-C Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie Mayo

(a) Residence: No. 1115 Madison Ave St., ... Ward. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Mayo

6b. DATE OF BIRTH (month, day, year) Oct 11 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

13. NAME Steve Hill Va.

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Harriett Hill Va.

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Daughter, Mrs. Madison
(Address) 1115 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Cumberland Md. Date DEC 3 1933

19. UNDERTAKER Wm. M. Crane Son
(Address) 638 N. Eutaw St.

FILED DEC 4 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-24- 1933 to 11-28- 1933

I last saw her alive on 11-28- 1933 Death is said to have occurred on the date stated above, at 1:04 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	11-24
Hypertensive cardio-vascular disease	Feb 1933

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. C. Marshall M. D.

(Address) 1838 Linden Ave

Z. D. B 1268-9

Barr

HEALTH DEPARTMENT—CITY OF BALTIMORE

95773

CERTIFICATE OF DEATH

95773 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-01 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Darr

(a) Residence: No. 1728 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Benjamin Darr

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Goldie

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mr. Benjamin Darr

(Address) 1725 Lemmon St.

BURIAL, CREMATION, OR REMOVAL

Place Brooklyn Md. Date Nov 29, 1933

UNDERTAKER George A. Smith

(Address) 1900 Eutaw Place

....., 19..... Washington Funeral Home, Inc.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1933, to Nov 28, 1933

I last saw her alive on Nov 28, 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch. Pneumonia	
Otitis Media	
Malnutrition	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) G. H. Baker M. D.

(Address) University Hospital

H. D. B. 1268-9

E 35771

35771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL 27-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James R. Rau.

(a) Residence: No. 3101 Mary Belmont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Minnie Rau

DATE OF BIRTH (month, day, year) Jan. 2 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintance Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court Sq. Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME James R. Rau

14. BIRTHPLACE (city or town) (State or country) Edinbury Virginia

15. MAIDEN NAME Margie C. Richardson

16. BIRTHPLACE (city or town) (State or country) Edinbury Virginia

17. INFORMANT James R. Rau
(Address) 3117 Royston Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Richwood Cemetery Date Nov. 30 1933

19. UNDERTAKER Frederick Loveman Sons
(Address) 1401 Belair Road

20. FILED NOV 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from November 9 1933 to November 27 1933

I last saw h alive on November 27 1933 Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Subacute bacterial endocarditis (Strepto viridans)	?
2. Septicaemia	
3. Infarct of spleen.	
Other contributory causes of importance:	
1. Amebiasis ambulus	11-27-33
2. Ind anaemia.	

Name of operation Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wagemeller M. D.

(Address) ST. JOSEPH'S HOSPITAL

M. D. B. 1268-9

E 95775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Moore

(a) Residence: No. Herman Hill Rd - Wilson Ave Ward. Balto Co. Md. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 9/18/33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Moore

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Elizabeth Stark

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rondo

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cemetery Date Nov 29 1933

19. UNDERTAKER Leo G. Gorsuch

(Address) 1723 N. Patterson Park Ave.

NOV 29 1933 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Nov 27, 1933.

I last saw him alive on Nov 27, 1933. Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

Congenital syphilis — Date of onset Birth

Other contributory causes of importance:

Erysipelas — Nov 25

Bronchitis pneumonia — "

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John P. Worthington M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95776

CERTIFICATE OF DEATH

115-001 E 95776

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 923 N. Carrollton Ave. (Ward) 16-01

Length of residence in city or town where death occurred Five mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard Hardy Jr.

(a) Residence: No. 923 N. Carrollton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 10 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bluefield W Va

13. NAME Richard Hardy Sr

14. BIRTHPLACE (city or town) (State or country) Bluefield W Va

15. MAIDEN NAME Emma Braxton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Hardy

(Address) 923 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL Dec 1 1933

Place Laurel Cem

19. UNDERTAKER Ernest Stephenson

(Address) 5 E Lanvale St

DEC 29 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 Nov 27 19 33

I last saw h alive on Nov 27 19 33 Death is said to have occurred on the date stated above, at in

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Nephritis 10 days	
Other contributory causes of importance: Enfected Throat 28 days	

Name of operation Date of

What test confirmed diagnosis? Was there an autop

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

H. D. B 1268-9

95777 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 95777

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1816 E Lombard St., 7-01 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Schmidt

(a) Residence: No. 1816 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John F.

DATE OF BIRTH (month, day, year) June 10 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-7
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto
13. NAME John Zeck
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Kunigunda Schonat
16. BIRTHPLACE (city or town) (State or country) Balto.
17. INFORMANT John F Schmidt
(Address) 1816 E Lombard St.
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 1, 1933
19. UNDERTAKER Martin W. E. Dippold
(Address) 37 S Ann St
20. FILED NOV 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1933, to Nov 28, 1933
I last saw h.. alive on alive Nov 19 33. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	Aug 1933
Cut Infection (Extremity)	
Acute Cardiac Insufficiency	

Other contributory causes of importance:

Operation Amputation Left Leg. Date of Nov
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. H. Mayer M. D.
(Address) 1500 E. 33rd St.

. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95778

CERTIFICATE OF DEATH

31 E 95778

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St., 19-01 Ward)

ength of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Needham

(a) Residence: No. 310 N Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) January 26 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date Nov 30th, 1933

UNDERTAKER Joseph A. Lisby
(Address) 409 N. Monroe Street

FILED 29 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933, to Nov 27, 1933.

I last saw her alive on Nov 27, 1933 Death is said to have occurred on the date stated above, at 4 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteosclerosis,	
Arteriosclerotic nephritis	
Cardiac infection & chronic valvulitis	
Cardiac failure & pulmonary edema	
Other contributory causes of importance:	
Bronchopneumonia	about Nov 25

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry D. Stabler, M. D.

(Address) The Johns Hopkins Hospital

E 95779

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95779

CERTIFICATE OF DEATH

186-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Memorial Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Rust

(a) Residence: No. 106 S. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of "

DATE OF BIRTH (month, day, year) July 30, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME August Rust

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Theresa Nagen

13. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Mary Dundon

(Address) 721 Edgewood St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 11/30, 1933

UNDERTAKER Engle & Conley

(Address) Fulton & Fayette

FILED NOV 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1933 to 11/27, 1933

I last saw h[illegible] alive on 11/27, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Femur — Date of onset 11/1/33

Other contributory causes of importance:

Bronchopneumonia
Arterio-sclerosis - Myocarditis

Name of operation None Date of

What test confirmed diagnosis Physical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 11/1, 1933

Where did injury occur? 11/1/33 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down stairs in room

Nature of injury Fracture of Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy A. Cromwell M. D.

(Address) 203 Peterson Ave. Coroner

E 95780

H. D. B. 1268-9

E 95780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

Registered No. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Alexander Thompson

(a) Residence: No. 727 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ursie M. Thompson

DATE OF BIRTH (month, day, year) Nov 4, 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]
13. NAME [illegible]
14. BIRTHPLACE (city or town) (State or country) [illegible]
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) (State or country) [illegible]
17. INFORMANT [illegible]
(Address) 727 N Appleton St
18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible], 193[illegible]
19. UNDERTAKER C. H. Reynolds Sons
(Address) 32 E. Preston St
20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 | 28 | 33, 19

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1933 to November 28, 1933
I last saw him alive on November 28 1933. Death is said to have occurred on the date stated above, at 8:43 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	11-22-33
Other contributory causes of importance:	
Cardiac Failure	11-28-33

Name of operation Release of Adhesions Date of Nov 22 33
What test confirmed diagnosis? Exploratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) [illegible] M. D.
(Address) East Balto Gen Hosp

D. B. 1268-9

5781

E 95781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-003

Registered No. 28781

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 Maine Ave St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Stubbs

(a) Residence: No. 4402 Maine Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Solomon L Stubbs

DATE OF BIRTH (month, day, year) Sept 19-185

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Fannie Gibbson

16. BIRTHPLACE (city or town) (State or country) Connecticut

17. INFORMANT Mrs Mary Miller

(Address) 4402 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 30 1933

19. UNDERTAKER H S Greenwood & Son

(Address) 1201 E Fayette St

Huntington Indiana Registrar.

FEB 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1933 to Nov 28 1933

I last saw h alive on Nov 28 1933. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	4 yrs
& cerebro-malacia	
Other contributory causes of importance:	
Hypostatic pneumonia & inanition	4 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Medical Arts Bldg. M. D.

(Address) Medical Arts Bldg.

M. D. B. 1268-9

E 95782

HEALTH DEPARTMENT—CITY OF BALTIMORE

5782

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. 16-01

CITY OF BALTIMORE: (No. 1405 W. Lafayette St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Armstrong

(a) Residence: No. 1405 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie A.

7. DATE OF BIRTH (month, day, year) May 31-1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Henry Armstrong

14. BIRTHPLACE (city or town) (State or country) Ala.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hattie A. Armstrong

(Address) 1405 W. Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/29/33

19. UNDERTAKER Mrs. George H. Holley

(Address) 1201 Druid Hill Ave

91933 (Registrar's Number)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to Nov 27 1933

I last saw him alive on May 26 1933 Death is said to have occurred on the date stated above, at 4-45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation, Chronic	3 May 1
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Hatcher M. D.

11/29/33 (Address) 1201 Druid Hill Ave

M. D. B. 1268-9 E 95783 E 95783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Moore

(a) Residence: No. 1022 Shaw St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 26, 1933

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cot

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Moore

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Lillie Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother

(Address) 1022 Shaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 29 1933

19. UNDERTAKER (Name of Undertaker or Firm)

(Address)

20. FILED ... Registrar.

1055

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1933 to November 26, 1933

I last saw her alive on November 27, 1933. Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Placenta Previa	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Dorsett M. D.

(Address) University Hospital

784

STATE OF MARYLAND—CERTIFICATE OF DEATH

V E 95784

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 27-01

Village or City Baltimore — No. [illegible] St., [illegible] Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U.S. if of foreign birth? 1 yrs. ... mos. ... ds.

2. FULL NAME Annie Mc. Sherry

(a) Residence: No. 4301 Roland Ave. Ward. [illegible]

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Nov 5 - 1845

7. AGE: Years 88 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Penna.

13. NAME: Wm. Mc Sherry.

14. BIRTHPLACE (city or town) (State or country): Penna.

15. MAIDEN NAME: Eliza Mc Sherry.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs C. G. Long

(Address) Littlestown, Pa.

18. BURIAL, CREMATION, OR REMOVAL: Pa.

Place Littlestown Date Dec. 1, 1933

19. UNDERTAKER: J. M. Little

(Address) Littlestown, Pa.

20. FILED Huntington Indiana, Dec 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 29 (Day) 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933, to Nov 29, 1933

I last saw her alive on Nov 29, 1933; death is said to have occurred on the date stated above, at 11:40 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	10/26/33
mitral regurgitation	
acute Nephritis	
Other **Contributory Causes** of Importance:	
Influenza ?	11/
Calculus Gall bladder operation	12-3

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) O. Emerson Kelly M.D.

(Address) 6 E. Lombard Street

933

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

D. B. 1268-9

E 95785

95785

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 186-001

CERTIFICATE OF DEATH

PLACE OF DEATH Franklin Square Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 225 N. Fulton Ave St., 14 Ward)

gth of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Georgia Bell

(a) Residence: No. 225 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1854

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	?	?	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 10

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country) Md.

9. NAME William Bell

10. BIRTHPLACE (city or town) Balto.
(State or country) Md

11. MAIDEN NAME Mary (Unknown)

12. BIRTHPLACE (city or town) "
(State or country)

NFORMANT Francis Richardson
(Address) 226 N. Fulton Ave.

URIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 12/1 1933

NDERTAKER Wm. Cook Funeral Home
(Address) 1248 W. Fayette St.

LED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1933 to Nov. 28, 1933

I last saw her alive on Nov. 28, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: | Date of onset

1 Fractured skull

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury Nov. 25 1933

Where did injury occur? 225 Fulton Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home - Fell down steps

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Guy Hatfield Cromwell M. D.
Coroner

(Address) 1203 Patapsco Ave.

D. B. 1268-9

E 95786

35786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Walker near Sherwood St. Aves. 701 Ward)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James F. Thomasson

(a) Residence: No. Shack at Saw Mill-Walker nr. Sherwood Aves or 289 W. 31 st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nina L.

DATE OF BIRTH (month, day, year) April 3/1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman-Saw Mill

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. S. Jessop, Foreman

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation 686

BIRTHPLACE (city or town) (State or country) Manassas. Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Nina L. Thomasson
(Address) 289 W. 31st St

BURIAL, CREMATION, OR REMOVAL Woodland Cem. Date 12/1 1933

UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

DATE 12/1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at before 5 A.M. m.

The principal cause of death and related causes of importance were as follows:

Probably Chr Myocarditis — Date of onset ? ? ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Bacon M. D.

(Address) 508 E North Ave Coroner

H. D. B. 1268-9

E 95787

5787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Riggs Ave 16-61 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Waltzinger

(a) Residence: No. 2727 Riggs Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of August F. Waltzinger

DATE OF BIRTH (month, day, year) Mar 24th 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mechanic Falls Maine

13. NAME William Morton

14. BIRTHPLACE (city or town) (State or country) Mechanic Falls Maine

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT August F. Waltzinger 2727 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 30th 1933

19. UNDERTAKER Wm Cook

(Address) 1317 St. Paul St

Registrar

91933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1933 to Nov 27 1933

I last saw h— alive on Nov 27 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	9/7

Other contributory causes of importance:

Fatty Degeneration of Heart, Chronic	2 mos

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) [illegible] M. D.

(Address) 1401 Eutaw Pl

H. D. P. 1268-9

E 95788

95788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lillian Tucker

(a) Residence: No. 114 Symington Ave Catonsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 6, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 11/25/33 11. Total time (years) spent at this occupation 7

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harry F. Tucker

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ada M. Purnell

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Ada Tucker

(Address) 114 Symington Ave Catonsville Md

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Dec 2 1933

UNDERTAKER Easton Sons

(Address) Belvedere Apts

FILED 12-3-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-27 1933 to 11-29 1933

I last saw h[illegible] alive on 11-29 1933. Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Subarachnoid Hemorrhage	Nov 27 1933
Essential Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Dunler M. D.

(Address) St agnes Hospital

H. D. B. 1268-2 E 95789

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95789

107-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Parkwood ave St., 01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Nathan Caplan

(a) Residence: No. 2831 Parkwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Beatrice

DATE OF BIRTH (month, day, year) 1-10-1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Galik Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Belle Rosenkrantz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Beatrice Caplan

(Address) 2831 Parkwood ave

18. BURIAL, CREMATION, OR REMOVAL Place Relay Washington Co Md Date 11/30/33

19. UNDERTAKER Jack Lewis Inc

(Address) 1439-41-E Baltimore St

20. FILED ..... 19.... ..... Registrar.

C 1333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1930 to Nov. 29 1933

I last saw him alive on Nov. 29 1933 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PARKINSONS Disease	4-7-30
Other contributory causes of importance: Broncho-pneumonia	11-28-33

Name of operation None Date of —

What test confirmed diagnosis? Cl. sign Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Robert V. Scherer M. D. M. D.

(Address) 3140 Mt. Royal Terrace

M. D. B. 1208-9 E 95790 E 95790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 40 yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Philip Hania

(a) Residence: No. 2910 Parkwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Desare

DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Kovacs

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Kovacs

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Henry Hania

(Address) 2910 Parkwood ave

18. BURIAL, CREMATION, OR REMOVAL Place Mash Rd Date 11-30-33, 19

19. UNDERTAKER Carl Hamm & Sons

(Address) 1532 W. Pratt St

20. FILED 12-1-33, 19 Huntington, Indiana Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1933, to November 29, 1933

I last saw him alive on November 29, 1933. Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	11/22/33
Benign Prostatic Hypertrophy	

Other contributory causes of importance:

Myocarditis	

Name of operation Prostatectomy Date of 11/21/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John K. Cozen M. D.

(Address) 4 W 83rd

E 95791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95791

CERTIFICATE OF DEATH

X 49 V

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital Wilkens + Caton aves St. 25-01 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 27 ds. How long in U. S. If of foreign birth — yrs. — mos. — ds.

2. FULL NAME Sister Mary Ellen Mc Loughlin

(a) Residence: No. St. Joseph's College (usual place of abode) Emmitsburg St. Md. Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Not Known

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT St Agnes Hosp. (Address) Baltimore Md

BURIAL, CREMATION, OR REMOVAL Emmitsburg Md Date Dec 2 1933

UNDERTAKER Martin Fahey Sons (Address) 1817 W. North Ave.

FILED 12/6/1933 Harry [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933 to Nov 29, 1933

I last saw her alive on Nov. 29, 1933 Death is said to have occurred on the date stated above, at 2 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	?
Abdominal metastases	?

Other contributory causes of importance:

Cachexia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Carl E Nebel M. D.

(Address) St Agnes Hosp

ACo. 5-31 250B

E 95792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95792

CERTIFICATE OF DEATH

+ 53 ✓

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Univ Hosp St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Elizabeth Armiger

(a) Residence: No. ... Catonsville, Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Oliver Armiger

14. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland

15. MAIDEN NAME Clara Miller

16. BIRTHPLACE (city or town) Balto Co.
(State or country) Maryland

INFORMANT Mrs C. H Carbaugh
(Address) Catonsville Md

BURIAL, CREMATION, OR REMOVAL
Place Cedar Cat. Date Dec 1 1933

UNDERTAKER Wm C Brooks & Son
(Address) Superior Packard Huntington Woodlawn, Md

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1933, to Nov 29, 1933

I last saw her alive on 11/29, 1933 death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteogenic Sarcoma - Lt. Femur.	
Other contributory causes of importance:	

Name of operation Incision & Drainage Date of Sept 13 33
(application for cast)
What test confirmed diagnosis? Path. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased No If so, specify —

(Signed) H. C. Bowman, M. D.
(Address) Hospital

D. B. 1284-9 E 95793

HEALTH DEPARTMENT—CITY OF BALTIMORE

(M E 95793)

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee W. Diller

(a) Residence: No. 1528 Rosedale St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary J. Diller

6. DATE OF BIRTH (month, day, year) May 15, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Radio Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boiling Springs, Pa

13. NAME Jacob Diller

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Emma Myers

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs Mary J. Diller

(Address) 1528 Rosedale St

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 12/2/33 19

UNDERTAKER Robert J. Tittle.

(Address) 2200 Edmondson Ave

FILED 8 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to 19

I last saw h alive on Nov. 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Nephritis

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/24, 1933

Where did injury occur? Liberty Rd nr. Mt. Pleasant (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident.

Manner of injury Auto he was driving ran off road & upset

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny, Coroner M. D.

(Address) 2200 E Madison St

D. H. 1933-9 E 95794 E 95794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 N. Broadway St. 8-01 Ward)

Length of residence in city or town where death occurred 76 yrs. 4 mon. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clara D Stupfel

(a) Residence: No. 1215 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Stupfel

DATE OF BIRTH (month, day, year) July 1 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Donald? Stubbs

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Mrs Margaret Gallagher

(Address) Woodlawn Catonsville

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 1 1933

UNDERTAKER Jeremy Lutz

(Address) 1202 N. Broadway

FILED MAR 1 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 1 PM

The principal cause of death and related causes of importance were as follows:

Probably Chr Myocarditis — Date of onset 93

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Keyser, M. D.

(Address) 608 E Lanvale Cor Cononge

D. H. 1268-9 E 95795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95795

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Whitney Ave St., 27-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Donald L McManus

(a) Residence: No. 2604 Whitney Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business to which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME James J McManus

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) Balt.
(State or country) Md

17. INFORMANT James J McManus

(Address) 2604 Whitney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's (Govans) Date Dec 1 19 33

19. UNDERTAKER Franklin H Deitz

(Address) 709 W 33 St

20. Date 12-1-1933 Huntington West Virginia Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1933 to Nov 29 1933

I last saw h alive on Nov 28 1933 Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No .If so, specify .....

(Signed) Dr G. Lucas, M. D.

(Address) 5501 Garrison Blvd

M. D. B. 1268-9

E 95796

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95796

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Hennaman av St., (Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Jackson

(a) Residence: No. 1923 Hennaman av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henrietta Jackson

DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	✓	✓	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Laborer) none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Violet B. Smith
(Address) 1923 Hennaman av

18. BURIAL, CREMATION, OR REMOVAL
Place Oakley Cem Date 12/1/33 19

19. UNDERTAKER Edward Bryan
(Address) 631 Edmonds

FILED 30 1933 19 Acting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933 to Nov 28 1933
I last saw him alive on Nov 27 1933 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	✓
Other contributory causes of importance: apoplexy, Sudden	Nov 27

Name of operation ✓ Date of ...
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ... 19...
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify ...

(Signed) ✓ Edward F. Stein M. D.
(Address) 1012 E Monument St

Dec.—6-9-19—H. P. Q.—(200) Bla.

E 95797

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95797

V 106-002

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Baltimore (13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO. 2430 Lakeview Ave.

2-FULL NAME Aaron Summerfield (Summerfield)

(a) RESIDENCE. NO. 2430 Lakeview Ave. ST., WARD.
(Usual place of abode) LAKEVIEW AVE.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Summerfield

DATE OF BIRTH (month, day, and year) 2/18/42

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Abraham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Solomon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. R. Summerfield

(Address) 2430 Lakeview Ave

Filed Nov 30 1933 Registrar Hunting Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1933, to Nov 29, 1933,

that I last saw h... alive on Nov 29, 1933,

and that death occurred, on the date stated above, at 12:45 P.m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) ... yrs. ... mos. 30 ds.

CONTRIBUTORY (Secondary) A. Bennett

(duration) 10 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Levinson, M. D.

Nov. 29, 19 (Address) 1810 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cemetery Hebrew Friendship	Dec 1 1933
20 UNDERTAKER J. Ahrens & Co	ADDRESS 2432 Reisterstown Rd.

M. D. B. 1268-a 695798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 95798

+V 13-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Vandiver Whitfield

(a) Residence: No. 1400 S Perry St - Montgomery St., Alabama Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Female	White	Married

6a. If married, ~~widowed~~ or divorced ~~HUSBAND of~~ (or) WIFE of Louie B Whitfield

6. DATE OF BIRTH (month, day, year) Aug 28 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Midway Alabama

13. NAME of Father Franklin Vandiver

14. BIRTHPLACE (city or town) (State or country) Oglethorpe Ga.

15. MAIDEN NAME of Mother Sally M Vandiver

16. BIRTHPLACE (city or town) (State or country) Midway Ala.

17. INFORMANT Mrs Frank Whitfield
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Montgomery Cem Date Nov 30 1933

19. UNDERTAKER Hyzenkiew & Co
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933, to Nov. 30, 1933

I last saw h[illegible] alive on Nov. 30, 1933. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute ulcerative entero -	Nov 20
colitis (Amoebic	
dysentery	
Peritonitis	
Other contributory causes of importance:	
~~probetes~~ -	

Name of operation None Date of [illegible]

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sydney V Miller M. D.

(Address) 1145 St Paul St

M. D. B. 12 E 95799 E 95799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 158

1. PLACE OF DEATH — Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Wagner

(a) Residence: No. 722 S. Row St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 23 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Mother Wagner

14. BIRTHPLACE (city or town) (State or country) Balto. (Kendzierski)

15. MAIDEN NAME Catharine Kejerski

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 30 1933

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED ... 1933 ... Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29/33

22. I HEREBY CERTIFY, That I attended deceased from 11-23-33, 19..., to 11-28-33, 19...
I last saw her alive on 11-28-33, 19... Death is said to have occurred on the date stated above, at 7:53 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition	
Malnutrition	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) S. H. Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL

H. D. B. 1268

E 95800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95800

35

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bello City Hospital St. Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary West

(a) Residence: No. 730 1/2 W. Fremont St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lawrence Briggs

DATE OF BIRTH (month, day, year) 2/8/1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Accomac Co.
(State or country)

13. NAME Geo. West

14. BIRTHPLACE (city or town) Accomac Co.
(State or country)

15. MAIDEN NAME Birdie Crockett

16. BIRTHPLACE (city or town) Accomac Co.
(State or country)

INFORMANT Hospital
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Brandon Date Nov 30 1933

UNDERTAKER Samuel Howard
(Address) 500 E. Pratt St.

FILED Nov 30 1933 Huntingtown, Williams & Wife Registrar.

501633

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/14 1933, to 11/28 1933.

I last saw her alive on 11/28 1933. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows: -

	Date of onset
Pulmonary tuberculosis	2 mos.

Other contributory causes of importance:

Pulmonary tuberculosis	1 day
Post operation shock	

Name of operation Thoracentesis Date of 11/28/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. L. Brown M. D.

(Address) Bello City Hospital

H. D. B. 1268-A

E 95801

E 95801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard G. Humphrey

(a) Residence: No. 2550 Francis St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

DATE OF BIRTH (month, day, year) Nov. 15 1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. Railway Street Car

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Howard C. Humphrey

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mrs. Wilson

(Address) 2555 Francis St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28. 1933

22. I HEREBY CERTIFY, That I attended deceased from November 23. 1933 to November 28. 1933

I last saw him alive on Nov. 25 1933. Death is said to have occurred on the date stated above, at 6 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov. (?) 1933
Other contributory causes of importance:	
Syphilis	?
Right Inguinal Hernia	?

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dillman Knudsen M. D.

(Address) Mercy Hospital

M. D. B. 126 E 95802

E 95802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Charles St., 11-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma L. Le Doyen

(a) Residence: No. 519 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
HUSBAND ~~of~~ (or) WIFE of Daniel M. Le Doyen

DATE OF BIRTH (month, day, year) Feb 22nd 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Kleinke

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sophia Mueller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Edith Shearer

(Address) 519 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1933

19. UNDERTAKER Wm Cook

(Address) 1811 E. Baltimore St.

20. FILED DEC 1 1933 Wm. Wallace Kerr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 1933 to Nov. 28, 1933

I last saw h 2d alive on Nov 28, 1933 Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

1. Cachexia	
2.	

Name of operation Sigmoid colon Date of 1932

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. N. Swanson, M. D.

(Address) 1 East Lexington St.

E 95803

I. D. B. 12[illegible]

E 95803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5213 Elkhorn Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas Fourney

(a) Residence: No. 5213 Elkhorn Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of ~~last WIFE of~~ Margaret Anne Fourney

DATE OF BIRTH (month, day, year) Aug 10th 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moore

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Taneytown Md

13. NAME Thomas Fourney

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Eliza (Unknown)

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Margaret Anne Fourney

(Address) 5213 Elkhorn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/2 1933

19. UNDERTAKER J. Wm. Cook & Son

(Address) 1219 Pennsylvania Ave

20. FILED 12/3 1933 Hinton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1933 to Nov 29 1933

I last saw h.[illegible] alive on Nov 28 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Rheumatism Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Charles J. Weber M. D.

(Address) 1276 York Ave

M. D. B. 1268 E 95804 E 95804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Balto. General Hosp.

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Gould

(a) Residence: No. 3411 Harford Rd., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Chas Gould

7. DATE OF BIRTH (month, day, year): Nov 2 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	59	0	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Cleveland

11. Total time (years) spent in this occupation: Ohio

12. BIRTHPLACE (city or town) (State or country): David Atkinson

13. NAME: England

14. BIRTHPLACE (city or town) (State or country): Sarah Hitch

15. MAIDEN NAME: England

16. BIRTHPLACE (city or town) (State or country): Chas Gould

17. INFORMANT: 3411 Harford Rd

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Dec 12 1933

Place ..... Date .....

19. UNDERTAKER: Wm H. Ott & Bro

(Address) 1219 E. Fayette St

20. FILED: Huntington Wellington M.D. Registrar.

DEC 1 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-33

22. I HEREBY CERTIFY, That I attended deceased from 11-27-33, to 11-29-33, 19.....

I last saw h alive on 11-29-33 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Gangrenous Appendicitis. — Date of onset 11-24-33

Other contributory causes of importance: Intestinal Obstruction 11-27-33

Name of operation appendectomy Date of 11-27-33

What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry E. Grimm M. D.

(Address) Mercy Balto. General Hosp.

H. D. B. 1268-B

E 95805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95805

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Mt. Pleasant Ave St., 46-01 Ward)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Godfried Stock

(a) Residence: No. 3605 Mt. Pleasant Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Stock

DATE OF BIRTH (month, day, year) Aug 18 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ednas Stock

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs L. Stuart

(Address) 3605 Mt. Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 1 1933

19. UNDERTAKER Philips Herwig Sons

(Address) 2016 Eastern Ave.

20. FILED Dec 1 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15-33, 19..... to Nov. 26-33, 19.....

I last saw h. in alive on Nov. 27-33, 19..... Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	?

Other contributory causes of importance:

Name of operation Gastro-Enterostomy Date of 9-18-33.

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Allen C. Beetham M. D.

(Address) 3139 E. Baltimore St.

M. D. B. 1268-9 E 95806 E 95806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Edmondson Ave. St., 16-01 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lewis Daniel Wilbourn

(a) Residence: No. 2524 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Virginia Miller

6. DATE OF BIRTH (month, day, year) June 13, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash. (State or country) D. C.

13. NAME Lewis T. Wilbourn

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Alice Wall

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Laura V. Prefect
(Address) 2524 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 12/1/33 19

19. UNDERTAKER [illegible]
(Address) 1900 Eutaw Place

20. FILED 12-1-33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1933, to Nov 27, 1933

I last saw him alive on Nov 27, 1933. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic interstitial nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 537 N. Eutaw [illegible]

M. D. P. 1268-9 E 95807 ✓ E 95807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves. St. W-01 Ward)

Length of residence in city or town where death occurred 14 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Keller

(a) Residence: No. 2666 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13-1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore
(State or country)

13. NAME John H. Keller

14. BIRTHPLACE (City or town) Baltimore, Md
(State or country)

15. MAIDEN NAME Ella F. Dorlas

16. BIRTHPLACE (City or town) Baltimore, Md.
(State or country)

17. INFORMANT John H. Keller

(Address) 2666 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/1/33, 19

19. UNDERTAKER J. D. Turpin & Son

(Address) 1850 W. Baltimore St.

FILED 12-1-1933 19 Livingston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1933, to 11-28, 1933

I last saw h.. alive on 11-28, 1933. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
with Gen'l. Septicemia

Date of onset

Other contributory causes of importance:

Empyema,
Purulent Pericarditis,
Peritonitis.

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) John C Dunkle M. D.

(Address) St. Agnes Hospital

Spec.—1-10-21—MAT—1500 Blks.

E 95808 ✓ E 95808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4004 Groveland Ave ST., 28-01 WARD)

2-FULL NAME Virginia T. Spedden

(a) RESIDENCE NO. 4004 Groveland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs 7 mos. 14 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14 1859

7 AGE — Years: 74 — Months: 7 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Joseph B. Spedden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Worcester County, Md

12 MAIDEN NAME OF MOTHER Ella L. Spedden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Worcester County, Md

14 Informant Ella L. Spedden

(Address) 4004 Groveland Ave

15 Filed 1933 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25 1933

17 I HEREBY CERTIFY, That I attended deceased from 11/14 . 19 33 . to 11/24 . 19 33 .

that I last saw her alive on 11/24 . 19 33 .

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Apoplexy

Cardiac arrest

(duration) 2-3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Mendell, M. D.

, 19 (Address) 3402 Groveland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lyra Cemetery — DATE OF BURIAL: 12/1/33

20 UNDERTAKER: G. B. Wappert & Son — ADDRESS: 1850 N. Bacon

M. D. B. 126 E 95809 ✓ E 95809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S. Clinton St. St., 76-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Pickert

(a) Residence: No. 822 S. Clinton St., Ward. 26
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Pickert

DATE OF BIRTH (month, day, year) Nov. 6, 1860

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Wilhelm Heinrich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Keene

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Chas Grunthaner

(Address) 822 S. Clinton St.

BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemt. Date Dec. 1, 1933

UNDERTAKER George W. Zirkler

(Address) 1737 E. EAGER ST.

FILED 1933 Huntington Tilden, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1933 to Nov. 28, 1933

I last saw her alive on Nov. 27, 1933 Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Cerebral Apoplexy	11/27/33

Other contributory causes of importance:

Arteriosclerosis	
Impoverishment	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. H. Hunter, M. D.

(Address) 4037 Falls Rd.

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

95810 46 E 95810

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 Druid Hill Ave. W H-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Martha Johnson

(a) Residence: No. 1938 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State of country) Maryland

13. NAME OF FATHER James Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Frances Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Johnson

(Address) 1938 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 1 1933

19. UNDERTAKER Druid Hill Estate

(Address) 1938 Druid Hill Ave

20. FILED 1933 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Nov. 28, 1933

I last saw her alive on Nov. 27, 1933 death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with generalized Metastasis	
1	
Other contributory causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Butler M. D.

(Address) 425 N. Carlton

D. B. 1268-9 E 95811 ✓ E 95811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Peach Alley. St., 23-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Robert Taswell.(C)

(a) Residence: No. 927 Peach Alley. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

If married, widowed or divorced
HUSBAND of Pauline Taswell.(C)

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	//////	//////	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0+0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Pauline Taswell.(C) wife.
(Address) 927 Peach Alley.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 1, 1933

UNDERTAKER James A Hayes
(Address) 422 Druid Hill Ave

FILED Dec 1 1933, 19... Registrar. 11/30/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1933, 19...

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto M Reinhardt, M. D.
Coroner
(Address) 917 S. Charles St.

D. B. 1268-9

E 95812 ✓ E 95812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 10 Light St. Wharf St., 22-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pricella Staples.(C)

(a) Residence: No. 547 W. Barre St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, ~~XXXXXXXXXXX~~ (or) WIFE of Curtis Staples.(C)

DATE OF BIRTH (month, day, year) June -- 1905

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	5	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Coleman Gundy.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME ~~Mrs~~ Tabbie Scott.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mary Smith.(C) sister.

(Address) 36 E. Churchill St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 1 1933

UNDERTAKER James A Magee

(Address) 142 N. Howard St.

FILED 1 1933 Registrar 11/23/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 12.08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Probably Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto M. Reinhardt M. D.
Coroner

(Address) 1017 E. Charles St.

M. D. P. 1268-9

95813 HEALTH DEPARTMENT—CITY OF BALTIMORE 95813

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Owens

(a) Residence: No. Hammond Ferry Rd & Edna St., Ave. Ward.

(Usual place of abode) Lansdowne Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 29, 1933

AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lloyd Owens

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Dorothy Kittmeyer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John L. Owens

(Address) Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 1st, 1933

19. UNDERTAKER George E. Lahmont

(Address) 221 Eutaw St. Balto

20. FILED Oct 1 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933, to Nov. 29-1933, 19.....

I last saw him alive on Nov. 29, 1933 Death is said to have occurred on the date stated above, at 11 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11/29/33

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis Claimed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunler, M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05814 05814

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Covington St. 24-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Hall

(a) Residence: No. 1431 Covington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of David J. Hall

DATE OF BIRTH (month, day, year) Dec. 17. 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Swansboro N.C.

13. NAME Jorge Piner

14. BIRTHPLACE (city or town) (State or country) Swansboro N.C.

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT David Hall Husband

(Address) 1431 Covington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Ld. Date Dec. 2 1933

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

20. 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28. 1933 to Nov 29 1933

I last saw h[illegible] alive on Nov 28 1933 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	3 mos.
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. F. Wheeler M. D.

(Address) 1279 Hilliard St

D. B. 1268-9

95815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 95815

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 W. Cross St. St. 21-01 Ward)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas R. Jacobs.

(a) Residence: No. 626 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 13, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles E. Jacobs.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Amelia R. Hoffman.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Charles Jacobs. (brother)
(Address) 922 S. Paca St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec. 1 . 1933

UNDERTAKER Margaret G. Flynn
(Address) 1232 Light St.

FILED Dec 1 - 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

11/29/33 (Address) 1017 N. Charles St.

M. D. B. 1268-9 E 95816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95816

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Carroll St. 21-61 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius E. Seifert

(a) Residence: No. 1129 Carroll St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Seifert (Living)

3. DATE OF BIRTH (month, day, year) Sept 28 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) Prior to 11. Total time (years) spent in this occupation 029

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Julius Seifert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rhoades

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena Seifert

(Address) 1129 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/1 1933

19. UNDERTAKER Harry G. Sutpen

(Address) 1101 Fremont Ave

20. FILED

12-1-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933 to Nov 27, 1933

I last saw him alive on Nov 27, 1933 Death is said to have occurred on the date stated above at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Auricular Fibrillation	
Acute Pulmonary Congestion	
Mitral Stenosis	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Glass M. D.

(Address) 1112 Washington Blvd

D. B. 1268-9 E 95817 ✓ E 95817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No.) Lafayette Ave. (St.) 14-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. 15 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ethelind Page Wicker

(a) Residence: No. 1419 Park Ave St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Roe Wicker

DATE OF BIRTH (month, day, year) April 19, 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Princess Anne Md

13. NAME Henry Page

14. BIRTHPLACE (city or town) (State or country) Princess Anne Md

15. MAIDEN NAME Virginia Dennis

16. BIRTHPLACE (city or town) (State or country) Laurel Md

INFORMANT (Address) Mrs Virginia Page Page Raleigh, N C

BURIAL, CREMATION, OR REMOVAL. Place Cremation Date Dec 2nd 1933

UNDERTAKER Chamberlain-Harris-Cove Co.
(Address) Patterson Park Ave & Eastern Ave

FILED 12-1-1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933 to Nov 30, 1933

I last saw h alive on Nov 30, 1933 Death is said to have occurred on the date stated above, at 5 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	Nov 29
Carcinoma metastatic to lungs, liver & ribs	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Beverley C. Compton M. D.

(Address) Woman's Hosp

M. D. B. 1268-9

E 95818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 922 E. Biddle St. 10-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Groninger

(a) Residence: No. 922 E Biddle St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: the late George J. Groninger

7. DATE OF BIRTH (month, day, year): October 15 1856

8. AGE: Years 77; Months 1; Days 14; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Mr. John Kirchenstein

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katharine Carr

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. John J. Groninger

(Address) 922 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec. 2 19 33

19. UNDERTAKER: Henry Heck Sons

(Address) 1600 E. Fayette St

FILED Dec 1 1933 19 ... Huntington Wilkinson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): NOV 29 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 19 33 to Nov 29 19 33

I last saw h... alive on Nov 29 19 33 Death is said to have occurred on the date stated above at 3 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudd
Other contributory causes of importance: Arteriosclerosis Endocarditis	1 2

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Huntington Wilkinson Jr. M. D.

(Address) 2136 Hartford Ave

M. D. B. 268-4 E 95819 ✓ E 95813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida White

(a) Residence: No. 1322 Myrtle Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Smith

6b. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elberton Ga

(State or country)

13. NAME James Smith

14. BIRTHPLACE (city or town) Elberton Ga

(State or country)

15. MAIDEN NAME Sally ?

16. BIRTHPLACE (city or town) Ga

(State or country)

17. INFORMANT Records Balt City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec. 12, 1933

19. UNDERTAKER Byron Francis & Knight

(Address) 1218 E. Eutaw St

DEC - 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1933 to Nov 27, 1933

I last saw her alive on Nov 27, 1933. Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	Terminal
Arteriosclerosis	?
Myocardial Insufficiency	?

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magruder M. D.

(Address) Balt City Hosp

M. D. B. 1268-a E 95820 Welly ✓ E 95820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Bond St., 7-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d

2. FULL NAME Wm. Henry Welly

(a) Residence: No. 915 N. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Welly

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 14

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrenton Va.

MOTHER FATHER

13. NAME Daniel Welly

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Hester Ray

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ruth Welly (Address) 915 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date Dec 2nd 1933

19. UNDERTAKER Bysee & Morris & Wright (Address)

20. FILED DEC 1 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1933 to Nov 28 1933

I last saw h[illegible] alive on Nov 27 1933 Death is said to have occurred on the date stated above, at 2.05 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset June 16/33

Other contributory causes of importance: Parenchymatous Nephritis — June 16/33
Hypertension
Generalized Arteriosclerosis

Name of operation no Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) R. F. Young M. D.

(Address) 1744 E. Monument St

H. D. B. 1268-9

E 95821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95821

Registered No. 62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) C-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Joyner

(a) Residence: No. 1108 N. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced (or) WIFE of Edward Joyner

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 037

10. Date deceased last worked at this occupation (month and year) Aug. 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Wilson N.C.

13. NAME Isaac Pender

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Jeanette Ruffin

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Edward Pender (Bro)

(Address) 930 Brendonn St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-30 1933

19. UNDERTAKER Samuel Easton

(Address) 216 Pa ave

20. FILED 1933 Registrar. Winston Williams R.D.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 11-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-6 1933 to 11-27 1933

I last saw her alive on 11-27 1933 Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis — abscess	2 mos
Other contributory causes of importance:	
Pellagra	?

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when? M. D.

(Signed)

(Address)

E. D. B. 12-31-30 E 95822

E 95822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Lewis

(a) Residence: No. 1629 Hanson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/11/33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Arthur Lewis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Wilson

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mountcastle Date Dec 1, 1933

UNDERTAKER Daniel Foster

(Address) 1 Hartsville, Md

FILED Dec 1 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1933 to Nov 28, 1933.

I last saw ... alive on Nov 28, 1933 Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	about Nov 23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice J. Hunt M. D.

(Address) Johns Hopkins Hospital

ACo. 5-11 250B

95823 HEALTH DEPARTMENT—CITY OF BALTIMORE 95823

CERTIFICATE OF DEATH

23

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Hope Street St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Hufnagel

(a) Residence: No. 1841 Hope Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of -----*---*--

DATE OF BIRTH (month, day, year) Aug. 31, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	29 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Hufnagel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Christina Tilman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Christina Hufnagel

(Address) 1841 Hope Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec. 2, 1933

UNDERTAKER George J. Pugh Inc

(Address) 725 N. Howard St. Baltimore, Md.

FILED DEC 1 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 11/29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1933, to Nov 29, 1933

I last saw h me alive on Nov 28, 1933 death is said to have occurred on the date stated above, at 4:15A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Pulmonary

Date of onset
10 mo
2 yrs.

Other contributory causes of importance:

Asthma

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1117 Hollins

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95824 — REGISTERED NO. C 82-981 E 95824

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2219 Mondawmin Ave ST. 13-6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Daniel Mansbach.

Residence in Baltimore: No. 2219 Mondawmin Ave (If not in Baltimore give CITY OR TOWN) (How long in U.S., if of foreign birth) (How long in State) (How long in City)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: Dec. 20 (Month) (Day), 1865 (Year)

AGE: 67 yrs. 11 mos. 11 ds. — If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (State or country): Washington, D.C.

10 NAME OF FATHER: Levi Mansbach

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rache Cohen

13 BIRTHPLACE OF MOTHER (State or country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: Mrs. L. Mansbach

2219 Mondawmin Ave

Registered 19..

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 1st (Day), 1933 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1933 to Dec 1st 1933 that I saw him alive on Nov. 30th 1933 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Artero-Sclerosis

(Duration) 10 yrs. ..... mos. ..... ds

Contributory (SECONDARY): Apoplexy.

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Samuel Steinberg M. D.

Dec 1st 1933 (Address) 3735 Park Heights Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Beth Hebrew Cem.

DATE OF BURIAL: Dec. 1 1933

20 UNDERTAKER: Herd Hendrickson

ADDRESS: 1902 Eutaw Place

Huntington Ave

1933

M. D. B. 1268-9

95825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95825

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2425 Linden Ave. St., 13-01 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Wertheim

(a) Residence: No. 2425 Linden Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Wertheim

DATE OF BIRTH (month, day, year) July 23, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Isaac Greenbaum

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mina Frank

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Fannie Wertheim

(Address) 2425 Linden Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto.Heb.Cem. Date Dec. 1933

19. UNDERTAKER Chas. Sonnenmoser Son

(Address) 1902 Eutaw Place

20. FILED ..... 193... Registrar.

Dec - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 ..... 1933 to Nov 30 1933

I last saw h.. alive on Nov 30 ..... 1933 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	11/13
arteriosclerosis	1925

Other contributory causes of importance:

Chronic interstitial nephritis	1930

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ernest E. Wagner, M. D.

(Address) The Esplanade

D. B. 1268-9

E 95826

M E 95826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital St., 6-55 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon R. Hinton

(a) Residence: No. 804 Rogester Ave St., Catonsville Balto. Co. Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Wm R. Hinton

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna M. Harris

16. BIRTHPLACE (city or town) (State or country) Laurel, Va

17. INFORMANT Anna M. Hinton

(Address) 804 Rogester Ave

18. BURIAL, CREMATION, REMOVAL Pine Grove Balto Md Date 12/4 1933

19. UNDERTAKER Wm Cook

(Address) 1217 Lord Balto

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 to 19

I last saw h alive on injury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp Fracture of Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/1, 1933

Where did injury occur? Lafayette Ave & Pentalon (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Seth Strong, M.D. Coroner

(Address) 2100 E Madison St.

M. D. B. [illegible] E 95827 N. Knipp 4106 Edmondson Ave E 95827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Hilton St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Mister

(a) Residence: No. 406 N. Hilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of William F. Mister

DATE OF BIRTH (month, day, year) Sept 12th 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md

13. NAME ? Holland

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Selby

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs R. L. Cavalier

(Address) 406 N. Hilton St

18. BURIAL, CREMATION, OR REMOVAL. Woodlawn Cem

Place Temperanceville Va Date Dec 1st 1933

19. UNDERTAKER J. Wm Cook

(Address) 1217 St Paul St

20. FILED Dec 1st 1933 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4 1932 to Nov 30, 1933

Last saw her alive on Nov. 30, 1933 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic endocarditis	4 years ago
Mitral insufficiency	
Other contributory causes of importance:	
Embolism	11/27/33

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George A Kupp M. D.

(Address) 3030 Edmondson Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5828

E 95828

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Jefferson St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Sarah Elizabeth Myers

(a) Residence: No. 1218 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Myers

6. DATE OF BIRTH (month, day, year) June 28 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Chas. Deaver

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary A. Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Miss Ellen Deaver (Address) 1218 Jefferson

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Cem. Date Dec 2 1933

19. UNDERTAKER Shrader & White (Address) 113 Wolf St

20. FILED DEC 1 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933 to Nov 29, 1933

I last saw h[illegible] alive on Nov 28, 1933. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis chronic valvular heart disease	✓
Other contributory causes of importance: apoplexy — Sudden	11-29-33

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was illness or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) J. Edward Fisher, M. D.

(Address) 1612 Monument

Spec.—9-30—A. & Co.—250 Blks

E 95829

95829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 130 S. Bond (St) 3-61 (Ward)

2. FULL NAME Emma Sanford

(a) RESIDENCE NO. 130 S. Bond St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 of Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	col	married

6 (If married, widowed, or divorced) (or) WIFE of Albert Sanford

7 DATE OF BIRTH (month, day, and year) Jan 14, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Albert Sanford 130 S. Bond St

Filed 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29-33

17

I HEREBY CERTIFY, That I attended deceased from 3-8, 1933, to 11-29, 1933

that I last saw her alive on 11-29, 1933

and that death occurred, on the date stated above, at 5.34 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (general carcinomatosis) (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Dec 4 1933

20 UNDERTAKER: Shrador & White

ADDRESS: 1138 Hughes

D. B. 1268-9

E 95830

HEALTH DEPARTMENT—CITY OF BALTIMORE

95830

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Barclay St., 12-61 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Burton

(a) Residence: No. 1515 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 13 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Frank Burton

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Alice Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore City

INFORMANT Frank Burton

(Address) 1515 Barclay

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 12/1 1933

UNDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St

FILED 12/1/33 Huntington Wilkinson M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on Nov 29, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5

Other contributory causes of importance:

Bronchitis, Acute

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Hunter Coroner, M. D.

(Address) Govt Hosp

D. B. 1268-0

E 95831

HEALTH DEPARTMENT—CITY OF BALTIMORE

5831

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-61 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Washington

(a) Residence: No. 609 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 18/1925

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Jerry Washington

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

15. MAIDEN NAME Cortane Christian

16. BIRTHPLACE (city or town) (State or country) Richmond. Md

INFORMANT Cortane Washington

(Address) 609 N. Bond St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 1- 33 19

UNDERTAKER Robt F Williams

(Address) Huntington Avenue, Md

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retro-pleural Sarcoma with metastases to thoracic & abdominal lymph nodes	???

Other contributory causes of importance:

Compression of Aorta

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hall M. D.
Coroner

(Address) 508 E. Fayette St.

M. D. B. 126 E 95832 E 95832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Cecil Ave. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Alice Anna Boston

(a) Residence: No. 1904 Cecil Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert N. Boston

6. DATE OF BIRTH (month, day, year) Aug. 1, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
86	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kent Co. (State or country) Md.

MOTHER FATHER

13. NAME James Parks

14. BIRTHPLACE (city or town) Kent Co. (State or country)

15. MAIDEN NAME Rebecca Sands

16. BIRTHPLACE (city or town) New Jersey (State or country)

17. INFORMANT Miss Nora Boston
(Address) 1904 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec. 1 19 33

19. UNDERTAKER M. McDonald
(Address) 901 E. 32nd St.

20. FILED Dec 1 1933 Arlington Hilyard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29 1933

22. I HEREBY CERTIFY, That I attended deceased from October 19th 1933 to Nov. 29th 1933

I last saw her alive on November 26 1933 Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Other contributory causes of importance: Cerebral Hemorrhage	Nov 24/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Reginald J. Tonry M. D.

(Address) 414 S. Monroe Ave

M. D. B. 1268-B E 95833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95833

CERTIFICATE OF DEATH

93-001

Registered No. 18-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 East Pratt St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C Wilkens

(a) Residence: No. 1142 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M Wilkens

7. DATE OF BIRTH (month, day, year) Aug 8th 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55.	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Frederick Wilkens

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Lang

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Margt. M Wilkens

(Address) 1142 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/2 19

19. UNDERTAKER John J Howard & Son

(Address) 1401 Eutaw St.

FILED 12-2 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1933 to Nov. 29 1933.

I last saw him alive on Nov. 29 1933. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11/29/33
Other contributory causes of importance:	
Acute Myocarditis	3 mo

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, (specify)

(Signed) [illegible], M. D.

(Address) 1142 E. Lombard

M. D. B. 1268-9

CE 95834

95834

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 21-31

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Johnson

(a) Residence: No. 1115 Briscoe st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

7. DATE OF BIRTH (month, day, year) Dec. 13, 1889

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 686

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James Carr

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Liza Houston

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/2/ 1933

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Mulberry st Baltimore, Md

20. FILED 1833 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1933 to Nov. 27 1933

I last saw her alive on Nov. 27 1933 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C Shaw M. D.

(Address) Baltimore City Hospitals

D. B. 1265-9 E 95835

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95835

E 95835

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No.) John & Lafayette St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Benedict

(a) Residence: No. 3713 Springdale Ave St., Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 30, 1933.

AGE Years	Months	Days	If LESS than 1 day, 13 hrs. 55 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Mr Louis Benedict

14. BIRTHPLACE (city or town) (State or country) Mobile York

15. MAIDEN NAME Ora Lonella Jackson

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Mrs Ora Lonella Benedict

(Address) 3713 Springdale ave

BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Dec 1 1933

UNDERTAKER Undertaker Health.

(Address) [illegible] Huntington Williams, N.Y.

FILED DEC 1 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933 to Nov 30, 1933

I last saw him alive on Nov 30, 1933 Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Asphyxia	

Other contributory causes of importance:

Intracranial Hemorrhage ??

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley C. Congston M. D.

(Address) Womans Hosp.

E 95836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95836

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 McKean Ave St., 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Sutherland

(a) Residence: No. 1107 McKean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 29, 1933

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Herbert Sutherland

14. BIRTHPLACE (city or town) Alexandria, Va.
(State or country)

15. MAIDEN NAME Annie Ewing

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emanuel M Md Date Dec 1, 1933

19. UNDERTAKER J. Gardner Heath
(Address)

20. FILED 1933 [illegible] Registrar.

T-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933 to Nov. 30, 1933

I last saw her alive on Nov. 29, 1933 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
24 Wks	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
(If so, specify)

(Signed) W. Alexander Lowry M. D.

(Address) .....

D. B. 1268-9 E 95837 E 95837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 94-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Campbell

(a) Residence: No. 700 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stephen Campbell

DATE OF BIRTH (month, day, year) 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Stephen Campbell

(Address) 2125 Fremont Ave

BURIAL, CREMATION, OR REMOVAL.

Place Univ. of Md Date Dec 1, 1933

UNDERTAKER Commissioner Health

(Address)

FILED Dec 1 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feller, M. D.
Coroner

(Address) 704 Eastern Ave

D. B. 1268-9 E 95838 E 95838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 Rock St. 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Simms

(a) Residence: No. 225 Rock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Annual Hill Date Dec. 19

UNDERTAKER Commissioner Health.
(Address)

FILED Dec 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-1933

22. I HEREBY CERTIFY, That I attended deceased from
. 19 . to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in Industry, In home, or In public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D. Coroner
(Address)

E 95839

D. B. 1964-9

E 95839 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Effrig

(a) Residence: No. 112 Albemarle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Hickster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond, Va

13. NAME Anthony Effrig

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Helfer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mary Jakubowski (sister)
(Address) 3228 O'Donnell St

BURIAL, CREMATION, OR REMOVAL
Place Date . 19

UNDERTAKER
(Address)

FILED 10-27 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at before midnight A. M.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Probably Suicide
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? 112 Albemarle St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home. Was found with gas hose in hand detached from burner cooking stove.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. Gaer Coroner, M. D.

(Address) 5086 Norwood

M. D. B. 1948-c E 95840

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95840

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1059 W Fetherston St. 18-03 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Tripp

(a) Residence: No. 1059 W. Fetherston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Newborn

6. DATE OF BIRTH (month, day, year): Nov. 29, 1933

7. AGE — Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Newborn.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER'S MAIDEN NAME

13. NAME: Walter Tripp.

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Rubina Jones.

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Rubina Tripp

(Address) 1059 W. Fet. St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Univ. of Md Date: Dec 1, 1933

19. UNDERTAKER

(Address)

20. FILED: DEC 1 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933 to Dec 1, 1933

I last saw h. m alive on Nov. 30, 1933 Death is said to have occurred on the date stated above, at 7:00 a.m. 12-1-33.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	Birth
Hemorrhage	

Other contributory causes of importance: Premature labor

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Howard, M. D.

(Address) Union Sta.

M. D. B 12[illegible] E 95841 E 95841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Registered No. [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. 1 mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Jeanne Fouché

(a) Residence: No. None St., [illegible] Ward. New Orleans La
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August 13, 1870

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 63 | Months | Days | If LESS than 1 day, [illegible] hrs. or [illegible] min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): [illegible]
11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): New Orleans La

13. NAME: Jeanne Fouché
14. BIRTHPLACE (city or town) (State or country): Nassau
15. MAIDEN NAME: Marie Lucas
16. BIRTHPLACE (city or town) (State or country): Tallahassee ?

17. INFORMANT (Address): Friend Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mineral [illegible] Date Dec 1 1933

19. UNDERTAKER
(Address) [illegible]

DEC 1 - 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1933 to November 28, 1933
I last saw him alive on November 28, 1933 Death is said to have occurred on the date stated above, at 7.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of Gastro-intestinal tract ?	?

Other contributory causes of importance:

Name of operation [illegible] Date of [illegible]
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of Injury [illegible], 19[illegible]
Where did injury occur? [illegible] (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place [illegible]
Manner of Injury [illegible]
Nature of Injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify [illegible]

(Signed) I P Traynor M. D.
(Address) Balt City Hosp.

M. D. B. 1268-9

E 95842

95842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3329 Chestnut Ave St., 13-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth V. Smith

(a) Residence: No. 3329 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Wm. H. Smith

6. DATE OF BIRTH (month, day, year) Oct 31 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Margaret Lilly.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Wm. H. Smith

(Address) 3329 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

Lorraine Date Dec 3 1933

19. UNDERTAKER Greenwell Bros

(Address) 1305 W Baltimore St

20. FILED Dec 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to Dec 1, 1933

I last saw h alive on Dec 1, 1933. Death is said to have occurred on the date stated above, at 9 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Right Breast	4-1-33
	4-1-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Archer J Dawes M. D.

(Address) 800 N Broadway St.

M. D. B. 1268-8

E 95843

95843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Morling Ave St., 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Kepner. Jr

(a) Residence: No. 1413 Morling Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 24 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Charles A Kepner

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Pearl Brothers

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Charles A Kepner
(Address) 1413 Morling Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 2, 1933

19. UNDERTAKER Thomas Gordon
(Address) 3615-17 Chestnut Ave

20. FILED ..... 19..... Registrar.

1033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 26th, 1933, to Nov 30th, 1933

I last saw him alive on Nov 30th, 1933 Death is said to have occurred on the date stated above, at 12.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Nov 26

Other contributory causes of importance:

Chronic Endocarditis (Valvular Bovine)

Name of operation No. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Lewis M. D.

(Address) 3614 Falls Rd. Baltimore Md

E 95844

. D. H. 1268-9

95844 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-004

Registered No. 24-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fort Ave & Woodall St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry A. Latham.

(a) Residence: No. 1470 Woodall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widower

6. (If married, widowed, or divorced) Husband of Annie Latham.

7. DATE OF BIRTH (month, day, year) July 2, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signalman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R. R. System.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank Latham.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Rachael Hare.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Muriel Hudson. (daughter)

(Address) 3110 Keswick Rd.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Dec 2, 1933

UNDERTAKER C. Schnorrenberger & Son.

(Address) 3615-17 Eastern Ave.

FILED Dec 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency.	
Acute dilatation of the heart.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. M. Leonhardt Coroner, M. D.

11/30/33 (Address) 1017 E. Charles St.

D. B. 1268-9

E 95845

HEALTH DEPARTMENT—CITY OF BALTIMORE

95845

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Memorial (Ward) 42-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula C Jewell

(a) Residence: No. 1017 W 36 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence E. Jewell

DATE OF BIRTH (month, day, year) Nov 21-1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Clarence E. Jewell

(Address) 1017 W 36th St.

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hampden Date Dec 2, 1933

UNDERTAKER Clarence Otto

(Address) 3610 Keswick Ave

1933 Huntington Williamsport Md

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease of Heart	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury (if any) related to occupation of deceased?

If so, specify

(Signed) Harry Klosowski M. D. Coroner

(Address) 2672 Roland Ave

A&Co. 5-31 250B

E 95846

95846

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital 25-01
CITY OF BALTIMORE: (No. 1000 Caton Avenue St. ..... Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. — ds. How long in U.S. If of foreign birth? 77 yrs. ... mos. ... ds.

2. FULL NAME Miss Ellen Carney md f

(a) Residence: No. Kirkleigh Villa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Not Known

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78 yrs.	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 669
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME Thomas Carney
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Jordan
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Jenkins Memorial Hospt
(Address) 1000 Caton Avenue
18. BURIAL, CREMATION, OR REMOVAL Pierce DeGroff Date Dec 2 1933
19. UNDERTAKER Martin Fahey Sons
(Address) 822 W. Baltimore
20. FILED 1933 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933 to 11-30-33, 1933
I last saw her alive on 11-30-33, 1933, death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis.	?
Other contributory causes of importance:	
Chronic Myocarditis	?
Fractured Femur (Rt.)	10/2/33

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunler, M. D.
(Address) St. Agnes Hospital.

H. D. B. 1268-9

E 95847

95847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 194-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 2-0-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas D. Jenkins

(a) Residence: No. 215 S. Stafford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Jenkins

DATE OF BIRTH (month, day, year) June 13-1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thos. D. Jenkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Elizabeth Jenkins

(Address) 215 Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 12/4, 1933

19. UNDERTAKER J. No. Cowan & Son

(Address) 1911 Eutaw Pl.

Filed 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fracture + dislocation of 5th cervical vertebra
Partial paralysis of upper + lower extremities.

Date of onset

Other contributory causes of importance:

Edema of brain, lungs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-27, 1933

Where did injury occur? Oakland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Foot-ball game

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 2 ...

M. D. B. 1268-9

E 95848

5848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Maryland General Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thailes Milton Granger

(a) Residence: No. 2117 Allendale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 24, 1879.

8. AGE: Years 54 | Months 9 | Days 6 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME of father: William Granger

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME of mother: Louisa Sugar

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT: Mrs. Barton

(Address) Arlington Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 2 1933

19. UNDERTAKER: Harry W. Ehlen

(Address) 1644 W. Baltimore

20. FILED 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from November 14. 1933. to November 30. 1933

I last saw him alive on November 30. 1933 Death is said to have occurred on the date stated above, at 1035 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with decompensation	May 1933
Other contributory causes of importance:	
Diabetes	May 1933
Pulmonary edema	Nov 21, 1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Md. General Hospital

H. D. B. 1268-9

E 95849

HEALTH DEPARTMENT—CITY OF BALTIMORE

95849

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Wilcox St. 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Huber

(a) Residence: No. 1212 Wilcox St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Huber

6b. DATE OF BIRTH (month, day, year) Dec 29 1854

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John Boehm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Huber

(Address) 2540 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 12/3 1933

19. UNDERTAKER Wm. Cook & Co

(Address) 1317 E. Fort Ave

20. FILED ..... 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3d 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1933 to Dec. 3d 1933

I last saw her alive on Nov. 29 1933 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Not Given

Other contributory causes of importance:

Senility	

Name of operation ✓ Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Benj. F. Carlson M. D.

(Address) 216 E. Lombard St

D. B. 1268-9

E 95850

95850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St., 8-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. J. Gorney

(a) Residence: No. 1213 W. Lay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara E.

DATE OF BIRTH (month, day, year) Aug 8 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrow Point

10. Date deceased last worked at this occupation (month and year) Dec 32

11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Md

13. NAME Thos. J. Gorney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Devine

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Clara E. Gorney

(Address) 1213 W. Lay

BURIAL, CREMATION, OR REMOVAL Loreland Park Date 1/20 1933

UNDERTAKER Fulton Chapel

(Address) 1213 W. Lay

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on Jan 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-9

E 95851

95851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Womens Hospital St. 14-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred mos. 3 ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Isabelle Dodds Freestone

(a) Residence: No. 10 Springs St., Ward. Oella Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Freestone

6. DATE OF BIRTH (month, day, year) March 21, 1870

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
63	8	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) Scotland (State or country)

13. NAME Thomas Dodds

14. BIRTHPLACE (city or town) Scotland (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Harry Freestone (Address) Oella, Md

18. BURIAL, CREMATION, OR REMOVAL Date 12-2 1933

Place Mt Olivet Cemetery Baltimore Md

19. UNDERTAKER Pulliam & Brooks (Address) 1214 W. Baltimore St.

20. FILED DEC 2 1933 Huntington Pulliam, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933 to Dec 1, 1933

I last saw her alive on Dec 1, 1933 Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	Dec 1st
Uremia	Nov 27

Other contributory causes of importance:

Arteriosclerosis	?
Cardiovascular renal disease	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Decker, M. D.

(Address) Womans Hospital

ec.—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95852

95852

CERTIFICATE OF DEATH.

48

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ty of BALTIMORE: (No. 1328 N Gilmore St. 15-01 Ward)

2-FULL NAME Lucy Johnson

(a) RESIDENCE NO. 1328 N. Gilmore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Stanley Johnson

DATE OF BIRTH (month, day and year)
April 22 1894

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	7	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Frederick Co

(State or country) Md.

10 NAME OF FATHER William Holland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Susan Christian

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant (Address) Stanley Johnson 1328 N. Gilmore

1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 29 1933

17 I HEREBY CERTIFY, That I attended deceased from July 4 1933 to Nov 29, 1933.

that I last saw her alive on Nov 29, 1933.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Cervix of the Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam + Biopsy

(Signed) A. H. Broadrick, M. D.

Dec 1, 1933 (Address) 2221 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery

Date of Burial: Dec 2 1933

20 UNDERTAKER: Thomas E Kelson

ADDRESS: 1303 Pleasant St

. D. B. 1268-9

✓ E 95853

5853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 W. North Ave St. 15-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Evans

(a) Residence: No. 1921 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Evans

DATE OF BIRTH (month, day, year) Jan. 9, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Anton Echenwalter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Lauers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Hees

(Address) 1921 W. North Ave

18. BURIAL, CREMATION, REMOVAL

Place Loudon Park Date Dec 14 1933

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

Huntington Maryland

Date 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Nov. 30, 1933

I last saw h[illegible] alive on Nov. 30, 1933. Death is said to have occurred on the date stated above, at 6.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Cardiac Failure	1932

Other contributory causes of importance:

Arteriosclerosis	unknown
Coronary Sclerosis	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Cushman M. D.

(Address) 1919 W. North Ave

M. D. B. 1268-9

✓ E 95854

95854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Alice W. Mohler

(a) Residence: No. Elizabethian apt. Bateman St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. W. P. Mohler

6. DATE OF BIRTH (month, day, year) Feb 5. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Mrs. James A. Whitting

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Miss Alice Middleton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Dec. 2 1933

19. UNDERTAKER John O. Mitchell Sons Co.

(Address) 1224 Eutaw Place

20. FILED 1933 Huntington Wallace M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21 1933 to Nov. 30 1933

last saw h.. alive on Nov. 30 1933 Death is said to have occurred on the date stated above, at 6:20a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum with Metastases to Liver — Date of onset 1931 June, 1933

Other contributory causes of importance:

Name of operation Colostomy Date of July 26 '33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) Md. Gen. Hospital.

H. D. B. 1268-9

✓ E 95855

HEALTH DEPARTMENT—CITY OF BALTIMORE

95855

CERTIFICATE OF DEATH

× 181

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St. 14-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Matthews

(a) Residence: No. Harmon rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): 05 27 1828
AGE: Years 5 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Harmon md.
13. NAME of Father: Francis R. Matthews
14. BIRTHPLACE (city or town) (State or country): md
15. MAIDEN NAME of Mother: Agnes Hawkins
16. BIRTHPLACE (city or town) (State or country): md
INFORMANT: Sadie Matthews
(Address): Harmon md
BURIAL, CREMATION, OR REMOVAL
Place: St Marks Cem Date: 12/3 1933
UNDERTAKER: Samuel J. Hemsley
(Address): 2152 Druid Hill Ave
FILED: 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 27 1933
22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible] to [illegible] 19[illegible]
I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.
The principal cause of death and related causes of importance, serially as follows: (Interval between onset and death)
2 & 3 degree burns
Playing with Matches
(Other contributory causes of importance:)
Name of operation: Regular Date of
What test confirmed diagnosis: Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 27 1933
Where did injury occur? Playing with matches (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) H Leik Coroner M. D.
(Address)

M. D. B. 1268-9

E 35856

HEALTH DEPARTMENT—CITY OF BALTIMORE

35856

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 942 Druid Hill Ave St. 7-11 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Anthony

(a) Residence: No. 942 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James Anthony

7. DATE OF BIRTH (month, day, year) March 23 1862

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
5)		8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bymus S. C

13. NAME Anthony Cotton

14. BIRTHPLACE (city or town) (State or country) Yorkmor

15. MAIDEN NAME Yorkmor

16. BIRTHPLACE (city or town) (State or country) Yorkmor

17. INFORMANT James Anthony
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 12/4 1933

19. UNDERTAKER Samuel T. Hemsley
(Address) 2 E Biddle St

20. FILED 1933 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1933 to Nov 30 1933

I last saw h[illegible] alive on Nov 30 1933 Death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Indef.

Other contributory causes of importance:

Unknown

Name of operation Resection Date of Nov 1933

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. J. Kelly M. D.

(Address) 722 W. Monument

H. D. B. 1268-9

E 95857

HEALTH DEPARTMENT—CITY OF BALTIMORE

95857

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Shields Pl St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelia Atlas Breeze

(a) Residence: No. 937 Shields Pl. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Breeze Walter

DATE OF BIRTH (month, day, year) Oct - 1877

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
56	one	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte Co. Va.

13. NAME Richard Howell

14. BIRTHPLACE (city or town) (State or country) Charlotte Co Va

15. MAIDEN NAME Frances Morton

16. BIRTHPLACE (city or town) (State or country) Charlotte Co. Va.

17. INFORMANT Katie Banks

(Address) 607 Dolphin st

18. BURIAL, CREMATION, OR REMOVAL

Place Drakes Branch Va Date 12/3 1933

19. UNDERTAKER Samuel T. Hemphill

(Address) 518 W Biddle St.

20. FILED 1933 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 17, th 1933, to Nov 30 th 1933

I last saw her alive on Nov 30 th 1933. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia for a period of three days	
Other contributory causes of importance: Nephritis and Cholecystitis	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. B. Evans M. D.

(Address) 958 N. Franklin st.

Spec.—9-30—A. & Co.—250 Bks.

E 95858

95858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 W. Hilton Ave St. 8-01 WARD)

2. FULL NAME Apolonia Agnes McNeave

(a) RESIDENCE NO. 1033 W. Hilton Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph D. McNeave

6 DATE OF BIRTH (month, day, and year): July 11-1871

7 AGE: Years 62 | Months 4 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

10 NAME OF FATHER: Jacob F. Ruff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emeline Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Joseph D. McNeave 1033 W. Hilton Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1st 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 25 1933 to Dec 1 1933

that I last saw h alive on Dec 1 1933

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic Rheumatic

Interstitial (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Relapse

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) J. Frederick Dr. M. D.

(Address) 800 N. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bates Baptist Church Balto Md

DATE OF BURIAL: Dec 4th 1933

20 UNDERTAKER: Kerlin & Joe

ADDRESS: 2224 N. Charles St

H. D. B. 1268-9

95859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 95859

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 724 N. Caroline St., 16-01 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt N. Riley

(a) Residence: No. 724 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha J. Riley

DATE OF BIRTH (month, day, year): Nov 30 1872

AGE: Years: 60 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Israel Riley

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

15. MAIDEN NAME OF MOTHER: Margaret Neal

16. BIRTHPLACE (city or town) (State or country): Balto Co Md

INFORMANT: Martha Riley

(Address) 724 N. Carey St

BURIAL, CREMATION, OR REMOVAL

Place: Mt Bron Date: Dec 3 1933

UNDERTAKER: Thomas Gallagher

(Address) 200 N Carrollton Ave Huntington Hillcrest Md

FILED: 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 30 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . that I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: 3 months

Other contributory causes of importance:

Name of operation: Cystotomy Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Huth M. D.
Coroner

(Address)

M. D. B. 1268-0

B 95860

HEALTH DEPARTMENT—CITY OF BALTIMORE

95860 34

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 Bond St., 3-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leroy Hill

(a) Residence: No. 134 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Aug 21 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Leroy Hill

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Geneva Cannon

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Geneva Hill

(Address) 134 S Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date Dec 2 1933

19. UNDERTAKER Edw. Bryan

(Address) 1631 Orleans St

20. Dec 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1933 to Nov 30 1933

I last saw h[illegible] alive on Nov 29 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	Birth
Other contributory causes of importance: Malnutrition	2 mo.

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard A Enclifer M. D.

(Address) 1514 E. Baltimore Balto Md

M. D. R. 1268-9

95861

HEALTH DEPARTMENT—CITY OF BALTIMORE

95861

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE. (No.) 2826 Westwood St. 15-11 Ward)

Length of residence in city or town where died 20 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dottie Stugle

(a) Residence: No. 2826 Westwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W.

7. DATE OF BIRTH (month, day, and year) Sept 24 1877

8. AGE Years 56 Months 36 Days 2 4 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tanquerda

13. NAME OF FATHER John Lewis

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME OF MOTHER Matilda Pise

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John W. Stugle
(Address) 2826 Westwood

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 12-11 1933

19. UNDERTAKER Frank Dyer
(Address) Huntington Virginia, W. Va.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis 2 months

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1268-9

E 95862

95862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 N. Broadway 7-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Schlesinger

(a) Residence: No. 940 N. Broadway Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Schlesinger

6. DATE OF BIRTH (month, day, year) April 21 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Simon Lockenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Eisfeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. [illegible] (Address) 338 Rochester Rd

18. BURIAL, CREMATION, OR REMOVAL Place Bal. Hebrew Cemetery Date Dec 3 1933

19. UNDERTAKER J. Ernest & Co (Address) 1131 Eutaw Place

FILED 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-23-1933 to 12-1-1933, saw her alive on 11-30-1933. Death is said to have occurred on the date stated above, at 12.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute relative cardiac insufficiency	?
Myocardial disease	
Bronchopneumonia	11-23-33
Chronic nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. H. S. Cookman M. D.

(Address) 1031 Eutaw Pl.

A&Co. 5-31 250B

95863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-102 E 95863

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E University Parkway St. 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Ellen Sweeney

(a) Residence: No. 322 E University Parkway St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-15-33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James A. Sweeney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Alice C. Hart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. James A. Sweeney
(Address) 322 E. University Parkway.

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Date 12-2-33 19...

19. UNDERTAKER ...
(Address) ...

FILED 12-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933 to Nov. 30, 1933
I last saw her alive on Nov. 30 1933 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	
Mongolian Idiot	

Name of operation None Date of ...
What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter C Bacon M. D.
(Address) 100 E Lafayette

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

95864 95864

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Arsenal St. 5-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma A. Wiles

(a) Residence: No. 207 Arsenal St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mary Williams (matron)
(Address) 20 N. Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Dec. 2, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 2222 E. Schroeder St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933 to Nov 30, 1933

I last saw him alive on Nov 29, 1933 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Nephritis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 75 Madison

H. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95865

CERTIFICATE OF DEATH

95865

Registered No. 34

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St., 18-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Booker T Dogan

(a) Residence: No. 1025 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Helen Dogan

DATE OF BIRTH (month, day, year): Aug 10-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Greenville S Car

13. NAME of father: Luther Dogan

14. BIRTHPLACE (city or town) (State or country): Greenville S Car

15. MAIDEN NAME of mother: Mary Carlton

16. BIRTHPLACE (city or town) (State or country): Greenville S Car

INFORMANT (Address): Luther Dogan 1025 W Fayette

BURIAL, CREMATION, OR REMOVAL
Place: Greenville, S C Date: Dec 2, 1933

UNDERTAKER (Address): Mrs Katie R Williams 322 N Schroeder St

FILED: 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 Surgery 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	
Sudden	

Other contributory causes of Importance:

Name of operation: Autopsy Date of: Nov

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury (in any way) related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95866

CERTIFICATE OF DEATH

10 E 95866

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Leeds St., 20 Ward)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 25 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Thomas

(a) Residence: No. 3115 Leeds St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John Wesley Thomas

7. DATE OF BIRTH (month, day, year) Aug 3, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

13. NAME Annie Matthews

14. BIRTHPLACE (city or town) (State or country) Howard County Md.

15. MAIDEN NAME Harriett Tucker

16. BIRTHPLACE (city or town) (State or country) Forth Prince Md.

17. INFORMANT Esther Thomas

(Address) 3115 Leeds St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Dec 3, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 2211 Edmondson Ave.

20. FILED 1933 Dec 3, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933 to Nov 29, 1933

I last saw h~~er~~ alive on 11/29/, 1933 Death is said to have occurred on the date stated above, at 2.10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	
Pulmonary Hypostasis	Nov 1933
Respiratory Failure	

Other contributory causes of importance:

Lobar Pneumonia	Nov 1933
Contributing: Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Bishop, M. D.

(Address) 29 Hart St.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95867

CERTIFICATE OF DEATH

95867 173

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE (No.) Franklin Square Hosp. (St.) Route to Balto (Ward) 19-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benj. Innes

(a) Residence: No. Lanthicum Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O & D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 M to Mo

BIRTHPLACE (city or town) (State or country) Wm Innes

13. NAME of Father Wm Innes

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME of Mother Emelia Wallace

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT John Innes

(Address) 516 W Fayette

BURIAL, CREMATION, OR REMOVAL. Place Mt. Lebanon Date Dec 3, 1933

UNDERTAKER Mrs. Katie R. Williams

(Address) 1 Lexington St.

FILED 12-1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 th, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Gun Shot wound	
of Heart Stomach	
Lung & Liver	

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Leuck M. D.

(Address) Coroner

M. D. B. 1268-9

95868 ✓ E 95868

2-78437

HEALTH DEPARTMENT—CITY OF BALTIMORE

Med

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Scott

(a) Residence: No. 612 N. Conway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Separated

5a. If married, widowed, or divorced (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Nov. 7-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	-	- 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Morgan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Sullivan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Bat Cemetery Date 12-4 1933

19. UNDERTAKER George F. A. Gibson
(Address) 1301 Druid Hill Ave

20. FILED 12-4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-1-1933 to 11-30-1933

I last saw her alive on 11-30-1933. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	?
Hypertension,	
Cardiac Hypertrophy	
Toxic Calculous or Pyelitis	
Other contributory causes of importance:	
Uremia	Long
Cardiac Failure	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Carmichael Gilchrist, M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

✓ E 95869

95869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 E. Lexington St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22yrs. ....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George T. Van Horn

(a) Residence: No. 903 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Pauline Van Horn

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Leroy Van Horn

(Address) 903 E. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 1st, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Huntington Pittman Registrar

NF 1x

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933 to Nov 29, 1933

I last saw h[illegible] alive on Nov 29, 1933 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
angina pectoris	
Other contributory causes of importance: arteriosclerosis cardiorenal vascular disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. J. Bunger M. D.

(Address) 534 E. North Ave.

M. D. B. 1800

95870

✓ E 95870

HEALTH DEPARTMENT—CITY OF BALTIMORE

278337

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawra Jefferson

(a) Residence: No. 604 Collett St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Basil

6. DATE OF BIRTH (month, day, year) 5/6/1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Jake Davis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lena Boyter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/2/33 19

19. UNDERTAKER Mrs. George R. Hollan
(Address) 1631 Druid Hill Ave.

20. [illegible] Registrar.

DEC 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct - 28 - 1933 to Nov - 28 - 1933

I last saw her alive on Nov - 28 - 1933 Death is said to have occurred on the date stated above, at 10 45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular nephritis, chronic	1927
Hypertension	1927
Uremia	11-28-33
Cardiac Failure	
Other contributory causes of importance:	
Cardiac Hypertrophy	2

Name of operation ..... Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thos. D. Eberhart M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95871

CERTIFICATE OF DEATH

50 E 95871

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 S. Wellington St. Ward) Lang 20-21

Length of residence in city or town where death occurred 45 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie E. Dooling

(a) Residence: No. 428 S. Wellington Lane Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward J. Dooling

6. DATE OF BIRTH (month, day, year): May 15th 1868

7. AGE: Years 45 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Thos. J. Duffy

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md

MOTHER

15. MAIDEN NAME: Helen Andrews

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Edward J. Dooling

(Address) 428 S. Wellington Lane

18. BURIAL, CREMATION, OR REMOVAL

Place: Rehoboth Date: 12/4/33

19. UNDERTAKER: P. S. Wagner & Son

(Address) Pennsylvania Avenue Wilmington, Delaware

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/30/33

22. I HEREBY CERTIFY, That I attended deceased from June 1 — 1933. to Nov 30 — 1933.

I last saw her alive on Nov 30 — 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
Metastasis to Bone, Liver & Lungs
Cachexia

Date of onset

Other contributory causes of importance:

Pulmonary Metastasis
Oedema

Name of operation ..... Date of .....

What test confirmed diagnosis: Tissue ... by ... Dr. ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert J. Weeks, M. D.

(Address) 10 Wellington Ave

M. D. B. 1268-9

5872

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95872

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3627 Edmondson Ave St., 70-C Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 60 yrs. ... mos. ... ds.

2. FULL NAME Wm Bowers

(a) Residence: No. 3627 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Bowers

6. DATE OF BIRTH (month, day, year) Nov 27th 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm Bowers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herbert Bowers

(Address) 3627 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/2/ 19...

19. UNDERTAKER J. R. Stallsmith & Son

(Address) 320 Eutaw Place

20. FILED ... 19... Registrar.

12-2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29/1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1933 to Nov 29 1933

I last saw him alive on Nov 29 1933 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Intracranial Injuries and Lacerated Scalp due to Fall	

Other contributory causes of importance:

Chronic Myocarditis

Operation Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of Injury Nov 27 1933

Where did injury occur? 3627 Edmondson Ave (Specify city, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Home

Manner of Injury Fall down Stairs

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Albert S. Schaefer M. D.

(Address) 3618 Norfolk Rd

E 95873

M. D. B. 1268-9

95873 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Dennon St St. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If nf foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Geis

(a) Residence: No. 405 Dennon St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE nf: Sarah Burger Geis

6. DATE OF BIRTH (month, day, year): Dec. 14, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith Do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lumber Company

10. Date deceased last worked at this occupation (month and year): Aug. 1932

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Geis

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Stoll

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Sarah Geis

(Address): 405 Dennison St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Ceadar Hill, Date: 12/4/1933

19. UNDERTAKER: C. Vernon Lemmon

(Address): 4611 Park Heights

20. FILED: 12-1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933 to Dec 1 1933

I last saw him alive on Dec 1 1933. Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri-Sclerosis	?
Hypertension	?
acute Myocardial Failure =	Nov 30-33
Pul. Congestion	
Other contributory causes nf importance:	
cerebral Arteri-Sclerosis	?

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature nf injury —

24. Was disease or injury in any way related tn occupation of deceased? —

If so, specify ...

(Signed) J. B. Ferman M. D.

(Address) 3503 Edmondson Ave.

M. D. B. 1268-9

95874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95874 / 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Duvall Ave St. 28-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy A. Chapman

(a) Residence: No. 4201 Duvall Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E. Chapman

6. DATE OF BIRTH (month, day, year) March 4th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Capt. Thomas Childers

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elliott

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mrs Hubert Dawkins

(Address) 4201 Duvall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12 | 2 | 33

19. UNDERTAKER Hugo Wilson & Son

(Address) 2503 Edmondson Ave

20. FILED 19 Registrar.

DEC 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1933 to Nov 30, 1933

I last saw h alive on Nov 30, 1933 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	4 yrs
Other contributory causes of importance: Enterocolitis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Fiaux M. D.

(Address) 612 N 40 St

M. D. B. 1268-9

95875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95875

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 South Rd Mt. Washington Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Augusta Genevra Strohmeyer

(a) Residence: No. 2314 South Road St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	8	18 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Geo. L. Strohmeyer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary A. Kiel

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT G. H. Strohmeyer
(Address) 2200 South Road Mt. Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Date 12/4/33

19. UNDERTAKER H. O. Wilson & Son
(Address) 2503 Edmondson Ave

20. FILED Huntington Williams, Registrar. DEC 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933, to Nov 1, 1933

I last saw h[illegible] alive on Nov 30, 1933 Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Carcinoma Breast	4 yrs ago
Other contributory causes of importance:	
Myocardial insufficiency	1 wk

Name of operation Removal of Breast Date of ....

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of Injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) H. O. Burns and Hood M. D.

(Address) 2216 Gwynns Falls

1933

A&Co. 5-31 250B

95876 E 95876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Rock Glen Rd St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Brent Walling

(a) Residence: No. 514 Rock Glen Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Dora F. Walling

6. DATE OF BIRTH (month, day, year) Oct 28-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 47

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Dora Walling
(Address) 514 Rock Glen Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/4/33

19. UNDERTAKER H. O. Weber & Son
(Address) 2503 Edmondson Ave

Huntington Williams, M.D.
Registrar.

DEC 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1933 to Nov 30, 1933

I last saw him alive on Nov 30 1933 death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1916
Other contributory causes of importance:	
Uremia	11/24/33

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. B. Bruce, M. D.

(Address) 1324 W. Lombard St

H. D. B. 1268-9

E 95877

95877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Gallagher

(a) Residence: No. 901 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Gallagher

7. DATE OF BIRTH (month, day, year) Oct 6 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	~~9~~ 7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) May

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Farrelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ella McFarlan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mercy Hospital Record
(Address) Calvert St 300 block

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec. 7 1933

19. UNDERTAKER (Rev Wiedefeld)
(Address) 914 Greenmount Ave

20. FILED Dec 7 1933 Huntington Indiana
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him alive on Dec 4 19 33 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Femur & Hip	4 wks

Other contributory causes of importance:

Cuban Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Fracture Femur
Accident, suicide or homicide? ..... Date of injury Dec 26 1933

Where did injury occur? 901 E Chase
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fall on floor

Nature of injury Fracture Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address) 709 E Chase

M. D. B. 1268-9

95878 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

87 B° 95878

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Dumas Apt 201 St. (or Ward) Life

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James Rollins

(a) Residence: No. 1409 Dumas Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 024

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Rollins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alberta Clayton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ernest Brooks

(Address) 1711 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11/22 1933

19. UNDERTAKER Howard Brumley

(Address) 581 Druid Hill Ave

20. FILED NOV 22 1933 Thomas E. Williams Registrar

662 - 1933 EMC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933 to Nov. 22, 1933

I last saw him alive on Nov. 20, 1933. Death is said to have occurred on the date stated above, at 12 M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	
(1)	
Other **contributory causes** of importance:	
—	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Frank E. Haman M. D.

(Address) 627 Edmondson

M. D. B. 1268-B

E 95879

95879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S. Sharp St St. 23-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J. Chase. (C)

(a) Residence: No. 1019 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) July 5, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Chase. (C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Pauline Brown. (C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Pauline Brown. (C) mother
(Address) 1019 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place not Auburn Ct Date 12/2 1933

19. UNDERTAKER Isaac R Brown Son
(Address) 1019 S. Sharp St
Huntington Filbert, Md.

FILED 12 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... to ... I last saw h... alive on ... Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	
unknown.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M Reinhardt M. D.
Coroner
12/2/33 (Address) 1017 N. Charles St.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95880

CERTIFICATE OF DEATH

93 E 95880

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 410 Grindall St. St., 21st Ward)

Length of residence in city or town where death occurred 25 yrs. 10 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Morgan.

(a) Residence: No. 410 Grindall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Annie C. Morgan.

7. DATE OF BIRTH (month, day, year) January 1, 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat cutter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 613

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

13. NAME Daniel A. Morgan.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Matilda LeCompte.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Annie C. Morgan. (wife)
(Address) 410 Grindall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 2. 1933

19. UNDERTAKER John F Denny
(Address) 118 Light St.

20. FILED - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2.20 P. M.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Myocardial insufficiency.	
Acute dilatation of the heart.	

Other rontributory rauses of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Acrident, suiride, or homiride? Date of Injury , 19

Where did injury occur? (Specify city or town, rounty, and State)

Specify whether injury ocrurred in industry, in home, or in public plare

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alan Reinhardt Coroner, M. D.

12/2/ (Address) 1017 N. Charles St.

M. D. B. 1268-9

E 95881

95881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH — Hillsdale — Registered No. .....

CITY OF BALTIMORE: (No.) 2211 Weaver Lane St., 24th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Fillmore Weaver

(a) Residence: No. 2211 Weaver Lane St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Margaret Weaver

6. DATE OF BIRTH (month, day, year) Nov. 20, 1853

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Laborer 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Daniel Weaver

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Skipper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Margaret Weaver (Wife)
(Address) 2211 Weaver Lane, Hillsdale

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Dec. 4, 1933

19. UNDERTAKER John T. Mevers
115 Light St.

20. FILED - 1933 H. Easton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933 to Dec 1st, 1933
I last saw him alive on Dec 1st, 1933 Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	12/1
Other contributory causes of importance: Chronic Endocarditis	1 year

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Geo. Y. Everhart M. D.

(Address) 5100 Windsor Mill Md.

M. D. H. 1268-9

95882

HEALTH DEPARTMENT—CITY OF BALTIMORE

F.F. 95882

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Str. Jane Christensen.

CITY OF BALTIMORE: (No. Pier 6 Port Conington St.) 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Jacobs.(C)

(a) Residence: No. 804 N. Franklin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or WIFE of) Eva Jacobs.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clarke Copporation

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Helen Holbrook.(cousin)

(Address) 804 N. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 4, 1933

19. UNDERTAKER V. G. Brooks

(Address) 1111 Eutaw St

FILED 12-1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of an aortic aneurism.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry & autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M Reinhart. M. D. Coroner

12/2/33 (Address) 1917 E. Charles St.

M. D. B. 1268-9 E 95883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95883

CERTIFICATE OF DEATH

X V 11-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins 7-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Sullivan

(a) Residence: No. Loraine Rd Essex St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color and race White Single

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 19-1933

7. AGE Years 7 Months 11 Days If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mary E Sullivan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Pauline Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E Sullivan

(Address) Essex md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date 12/3 1933

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED 12-4 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Dec 1 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Leek Coroner, M. D.

(Address)

M. D. B. 1268-9

E 95881

Beran

E 95881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-002

1. PLACE OF DEATH Franklin Square Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 63 yrs. ..... mos. ..... ds.

2. FULL NAME Sophie Beran

(a) Residence: No. 1908 Ashland ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Beran

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Dvorak

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Catherine Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT James Beran
(Address) 1908 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 4 1933

19. UNDERTAKER Frank Swaczhofer
(Address) 900 Ashland Ave

20. FILED ..... 19..... ..... Registrar

02-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-33

22. I HEREBY CERTIFY, That I attended deceased from 11-25-33 19..... to 11-30-33 19.....

I last saw her alive on 11-30- 19 33 Death is said to have occurred on the date stated above, at 3.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	
Other contributory causes of importance: Pneumonia bronchial	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Rubin M. D.

(Address) Franklin Sq. Hosp.

M. D. B. 12-49 E 95885

E 95885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 27-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cenna Hultea

(a) Residence: No. 2816 Goodwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Hultea

6. DATE OF BIRTH (month, day, year): Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Cenna not known

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Joseph Seleny

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Albert Hultea
(Address) 2816 Goodwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 4, 1933

19. UNDERTAKER: Frank Graham
(Address) 1906 Edmondson Ave

FILED Dec 2 1933 [illegible] Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1933 to Mar 30, 1933

I last saw h alive on Mar 30, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anemia	
Cause Undetermined	
Other contributory causes of importance:	
Bronchopneumonia	11/4/33

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Joseph Seleny M. D.

(Address) 2200 E Madison St

M. D. B. 12[illegible] E 95886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95886

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N Fort Ave St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Annie Fennell

2. FULL NAME 126 N. Fort Ave.

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec. 17-1868

7. AGE — Years 65 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fauquier Co Va

13. NAME Ann Fennell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Cordelia Redmond

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Samuel Edwards

(Address) Meshaw-

18. BURIAL, CREMATION, OR REMOVAL

Place Alex Va Date Dec 2 19 33

19. UNDERTAKER Jno S. Arnold

(Address) Alex. Va.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1933 to Dec 2 1933

I last saw h[illegible] alive on Dec 2 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	11-29-33
Other contributory causes of importance:	
Chronic Nephritis	1931
Senility	1 yr
Diabetes	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. T. Shuckhardt M. D.

(Address) [illegible]

M. D. B. 126848 E 95887 ✓M E 95887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 1200 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Roberts

(a) Residence: No. 2513 Maryland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John J. Roberts

7. DATE OF BIRTH (month, day, year): Nov. 29, 1864

8. AGE: Years 69 | Months 0 | Days 2 | If LESS than 1 day, hrs. or min. ...

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Robert Kelly

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Katherine Sunderland

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Dr Joseph J. Roberts

(Address): 4207 Edgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Youngstown, Ohio Date: Dec 4 1933

19. UNDERTAKER: Harry M. Armgood & Sons

(Address): 420 Ridgewood Ave. Baltimore, Md.

FILED Dec 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 19... to ... 19...

I last saw her alive on Nov 19... Death is said to have occurred on the date stated above, at 10 40 p m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset: ...

Other contributory causes of importance:

Automobile accident

Name of operation: None Date of: ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12 / 1 / 33

Where did injury occur? Charles St & 28th St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street accident

Manner of Injury: Struck by auto while

Nature of Injury: walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph J. Roberts, Coroner, M. D.

(Address) 2209 E. Madison St

M. D. B. 1[illegible]-9 E 95888 ✓ E 95888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Portland Av. St. 21-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Corson

(a) Residence: No. 716 Portland Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — Corson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash D.C.
(State or country)

FATHER

13. NAME —

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Mrs. Lizzie Waters
(Address) 716 Portland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Wash D.C. Date Dec 2. 1933

19. UNDERTAKER Philip Herwig Sons
(Address) 210 Edmondson Av.

DEC 2 - 1933 Huntington Ave. Reg'r

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2. 1933. to Dec 2 1933.

I last saw her alive on Dec 1 1933. Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	11-8 33
Other contributory causes of importance: Exhaustion	12-1-33

Name of operation — Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry L. Rosenthal M. D.

(Address) 1038 N. Broadway

M. D. B. 1268-B E 95889 ✓ E 95889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Salawitch

(a) Residence: No. 250 S Eden St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Salawitch

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Unkovin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Salawitch

(Address) 250 S Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew-Southern Ave Date Dec 3 1933

19. UNDERTAKER S Levinson Bro

(Address) 1127 E Baltimore St

FILED Dec 3 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1933, to December 3, 1933

I last saw him alive on December 3, 1933. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset .....
Arteriosclerosis .....
Chronic Nephritis .....
Uremia .....

Other contributory causes of importance:

Cerebral Hemorrhage, Left .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L Katzenstein, M. D.

(Address) Sinai Hospital

M. D. B. 1265-9

E 95890 ✓ E 95890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Remington ave St., 13 Ward)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert James

(a) Residence: No. 2803 Remington ave St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie James

6. DATE OF BIRTH (month, day, year) Dec 21 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	-11	-9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob James

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bessie James

(Address) 2803 Remington Ave

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvary Date Dec 3 1933

19. UNDERTAKER Mrs R. A. Elliott

(Address) 1129 N. Caroline

20. FILED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28th 1933 to Nov 30th 1933

I last saw him alive on Nov 30th 1933. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 28th 1933

Other contributory causes of importance:

Date of operation ..... Date of .....

What test confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Arthur Hill M. D.

(Address) 1401 E Madison St

M. D. B. 1256-9 E 95891 ✓ E 95891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hosp. St. 15-01 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth 54 yrs. mos. ds.

2. FULL NAME Benj Swartz
(a) Residence: No. 4018 Liberty Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Swartz
6. DATE OF BIRTH (month, day, year) 1889
7. AGE Years 54 Months Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Nathan Swartz
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Mary Swartz
(Address) 4018 Liberty Heights
18. BURIAL, CREMATION, OR REMOVAL
Place Levindale Date Dec 3 1933
19. UNDERTAKER Jack Levy & Bro
(Address) 1426 E. Baltimore St.
20. FILED 3-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd 1933
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on January 19 . Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Duration
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. C. Finch M. D.
Coroner
(Address)

M. D. B. 1268-9 E 95892 V E 95892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 1700 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Parsons Lee

(a) Residence: No. St Thomas Lane St. Owings Mills Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 21 1933

8. AGE Years 0 | Months 2 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Parsons

14. BIRTHPLACE (city or town) (State or country) Garrison Md

MOTHER

15. MAIDEN NAME Monica Burgis

16. BIRTHPLACE (city or town) (State or country) Manchester England

17. INFORMANT Charles Parsons

(Address) Owings Mills Md

18. BURIAL, CREMATION, OR REMOVAL Funeral Home

Place St Thomas Date 12/6 1933

19. UNDERTAKER Wm Cook

(Address) 1219 E Fayette St

EG3 - 1933 Huntington Williams R.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis

with

Uremia

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Specify)

(Signed) John F. Thomsen M. D.

Coroner

(Address) 3732 Roland

M. D. H. 126-9 E 95893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95893

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 Lauretta Ave St. 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Edward Franz

(a) Residence: No. 2534 Lauretta Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1-12-1921.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore - Md.

MOTHER FATHER

13. NAME Edward Franz

14. BIRTHPLACE (city or town) (State or country) Baltimore - Md.

15. MAIDEN NAME Anna E. Lee.

16. BIRTHPLACE (city or town) (State or country) Annapolis - Md

17. INFORMANT Anna C Franz
(Address) 2534 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 15th 1933

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1933 to Dec 1st 1933
I last saw him alive on Dec 1st 1933. Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days
Other contributory causes of importance:	
Toxemia	3 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Typical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓

(Signed) E. L. Peyton M. D.

(Address) 301 East Cross St

M. D. B. 268-9 E 95894 Frank. Flamm. ✓ E 95894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 S. Ellwood Ave 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Flamm

(a) Residence: No. 925 S. Ellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary Flamm

6. DATE OF BIRTH (month, day, year) Jan 2nd 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elliot Machine Co

10. Date deceased last worked at this occupation (month and year) 1/28

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John W. Flamm

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Dora Leidig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John W. Flamm
(Address) 3304 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 4th 1933

19. UNDERTAKER Upton Cook
(Address) 1217 St Paul St

20. FILED Dec 4 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28th 1933 to Dec 1st 1933

I last saw h~~im~~ alive on Dec 1st 1933 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~~Accident~~ Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Harold W. Davis M. D.

(Address) 1011 S. Ellwood Ave

M. B. B. 1268-9

E 95895 ✓ E 95895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Res 2329 Freemont St., (Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilfred L. Unger

(a) Residence: No. 646 Cokesbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie R. Unger

6. DATE OF BIRTH (month, day, year) Oct 20. 1890

7. AGE — Years 43 | Months 1 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

13. NAME OF FATHER Francis Unger

14. BIRTHPLACE (city or town) (State or country) Washington

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT Raymond Unger
(Address) 646 Cokesbury Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 4 1933

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 301 W. Lafayette St.

FILED Dec 4 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Dec 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on 29. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related contributory (or important) causes are as follows:

	Date of onset
Accident Carbon Monoxide Gas	
Other contributory causes of importance: Was running car with garage door closed	

Name of operation Date of

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 1 1933

Where did injury occur? Res 2329 Freemont St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Luck, M. D.

(Address) Govans

M. D. B. 1268-P E 95896 V M E 95896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. ..... Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gladys Jones

(a) Residence: No. 409 Robert St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: C. | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2 1915

7. AGE: Years 17 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Charles Jones

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Sadie Gibson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sadie Jones

(Address) 409 Robert St

18. BURIAL, CREMATION, OR REMOVAL

Place M.T. Auburn Date 12/3/33 19

19. UNDERTAKER Mrs. George T. Howard

(Address) 1911 Druid Hill Ave

20. FILED DEC 3 1933 Huntington Howard, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from ongoing 19 ... to ... 19 ...

I last saw h... alive on ongoing, 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Amputated right leg
Gas Gangrene

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Amputation R. leg Date of 11/21/33

What test confirmed diagnosis? Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-21-1933

Where did injury occur? In front of 2240 Eutaw Pl
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking on Pavement 2240 Eutaw Pl

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Joseph Pokorny M. D. Coroner

(Address) 220 E Madison St

M. D. B. 1268-4

E 95897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union memorial Hosp St. 13-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Ford

(a) Residence: No. 1502 Cat st Baldo St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Burke

6. DATE OF BIRTH (month, day, year) May 2 1850

7. AGE	53 Years	6 Months	28 Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Mack Ford

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fannie Crawford

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Viola Burke.

(Address) 1543 Cat St.

18. BURIAL, CREMATION, OR REMOVAL

Magaheysville Va Date Dec 3. 1933

19. UNDERTAKER Edmonston & Sons

(Address) 2611-13 Chestnut Ave

20. FILED 19 33 [illegible] Registrar.

3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1. 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1933, to 12-1-, 1933.

I last saw him alive on 12 — 1 —, 1933. Death is said to have occurred on the date stated above, at 9 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-28-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Hanna, M. D.

(Address) Union Memorial Hosp.

M. D. B. 1265-9 E 95898 ✓ E 95898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No. 2-01

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Pronounced Dead St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthews Zadroga

(a) Residence: No. 1904 Aliceanna Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~XX XXXXXX~~ Catherine Zadroga

7. DATE OF BIRTH (month, day, year) 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland
13. NAME John Zadroga
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland
17. INFORMANT Mrs. Catherine Zadroga
(Address) 1904 Aliceanna St-(Rear)
18. BURIAL, CREMATION, OR REMOVAL
Place H Plantations Date 12/4/33
19. UNDERTAKER Clark A. Myers
(Address) 731 E Lanvale Street
20. FILED 12-1933 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1st. 1933.
22. I HEREBY CERTIFY, That I attended deceased from ——— 19 ... to ——— 19 ...
I last saw h— alive on ——— 19 ... Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, In home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) B P Herzog MD Coroner M. D.
(Address) 1305 N Patterson Park Ave

M. D. B. 1268-9 E 95899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95899

CERTIFICATE OF DEATH

48

Registered No. 8-01

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte Heiss

(a) Residence: No. 1506 North Point St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 69

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Penfield Heiss

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Sandra Miller

16. BIRTHPLACE (city or town) Pa
(State or country)

17. INFORMANT Edna Harris
(Address) 1506 n Point st

18. BURIAL, CREMATION, OR REMOVAL
Place New Freedom Pa Date Dec 5 1933

19. UNDERTAKER John C. Miller
(Address) 2465 E. Eliza st

20. FILED Dec 6 1933 H. Livingston Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1933 to December 2, 1933

I last saw her alive on December 2, 1933 Death is said to have occurred on the date stated above, at 12 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of cervix uteri	
2. Hydro-lya. nephrosis (bilateral)	
3. Uraemia	
Other contributory causes of importance:	
1. Pneumonia - terminal	

Name of operation none Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Magennella M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1268-9 E 95900

E 95900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+184

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital, St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob J. Ruff.

(a) Residence: No. 24 Melrose Ave. Catonsville, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) January 9, 1921

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville, Md.

FATHER

13. NAME Jacob V. Ruff.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Ella Baker.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Jacob V. Ruff. (father)
(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Dec. 4, 1933

19. UNDERTAKER Easton Sons
(Address) Ellicott City

Huntington Williams, M.D.
Registrar.

FILED DEC 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 9.30 a. m.

The principal cause of death and related causes of importance were as follows:

Rifle shot wound of buttocks involving intestines

Terminal Pneumonia

Date of onset

Other contributory causes of importance:

Accidental Death

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signature) Otto M Reinhardt M. D.
12/2/33 (Address) 1017 E. Charles St. Coroner

M. D. B. 1268-9

E 95901

Mary M Joyce

E 95901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Dalton St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Joyce

(a) Residence: No. 925 Dalton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louis Joyce

6. DATE OF BIRTH (month, day, year) Sept. 11, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Peter Snyder

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Eugene Joyce

(Address) 1820 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Place Lauriel Cem. Date Dec. 4 1933

19. UNDERTAKER Easton Sons

(Address) Lucas Eutaw Pl.

20. FILED Dec 4 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 33

22. I HEREBY CERTIFY, That I attended deceased from 11/28/33 19 to 12/1/33 19

I last saw h alive on 12/1/33 19 Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
(1) Stomach trouble.	5 yrs	1928
Mitral		

Other contributory causes of importance:

Weak Heart Valve

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Klein M. D.

(Address) 624 Mosher

M. D. B. 1284-9 E 95902 E 95902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 E. Clement St St. 24-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Seipp

(a) Residence: No. 125 E. Clement St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Seipp

6. DATE OF BIRTH (month, day, year) Jan. 30m 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Louisa Seipp
(Address) 125 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Dec 4 1933

19. UNDERTAKER L. Few McCully
(Address) 130 E. Fort Ave.

DEC 4 - 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1933 to December 2, 1933

I last saw him alive on December 1, 1933 Death is said to have occurred on the date stated above, at 6 12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Nov 21/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry F. Buettner, M. D.

(Address) 1319 Light St.

E 95903

Cor. 12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 95903

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) John's Hopkins Hospital St. (Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Carter

(a) RESIDENCE NO. 1700 Johnson St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Carter

DATE OF BIRTH (month, day, and year) April 1 1866

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	8	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.

(State or country)

10 NAME OF FATHER Joseph Carter

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Lightner

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

Informant Miss Carter

(Address) 1700 Johnson

Filed 1933 Huntington Hollowell M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 1 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Infected arm

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

Date of Burial Dec 4 1933

20 UNDERTAKER J. Fenwick McCully

ADDRESS 130 E Fort

M. D. B. 1268

E 95904 ✓ E 95904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Evergreen Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Agnes Hollmann

(a) Residence: No. 3006 Evergreen Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single Cr

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Hollmann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hensler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Tony A. Seidle
(Address) 3006 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 4 1933

19. UNDERTAKER A. Rutherford, Sons
(Address) Lorraine

20. FILED 4-1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1933 to Dec 2 1933

I last saw her alive on Dec 1 1933 Death is said to have occurred on the date stated above, at 10 30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	Nov 20
Other contributory causes of importance: Arterio-Sclerosis	Several Years

Name of operation None Date of ✓

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Baltimore Md.

M. D. B. 1268-9

E 95905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95905

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Hopkins Apts St. 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Phipps Slingluff

(a) Residence: No. St. Paul & 31st St. St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard H. Slingluff

6. DATE OF BIRTH (month, day, year) Oct. 11, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mitchellville Md

FATHER

13. NAME Dewey A. Phipps

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Mitchell

16. BIRTHPLACE (city or town) (State or country) Mitchellville Md

17. INFORMANT Mr. Richard H. Slingluff
(Address) Hopkins Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Mitchellville Md Date Dec. 4 1933

19. UNDERTAKER Wm. Tucker Sons
(Address) Florist & Palmer.

Huntington Williams, Registrar.

20. FILED DEC 4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/27 1929 to Dec 1 1933

I last saw h.. alive on Dec 1 1933 Death is said to have occurred on the date stated above, at 1.45a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	Unknown

Other contributory causes of importance:

Myocardial Insufficiency	11/28/33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify

(Signed) Chas R. Greenborough M. D.

(Address)

E 95906

M. D. B. 1268-9

E 95906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 45

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 3 N. 41st St & Hillen Rd St.) (Ward) 12-a

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gloria Wellington Dove

(a) Residence: No. Homewood Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Susan G. Dove
6. DATE OF BIRTH (month, day, year): Sept 18 1868
7. AGE: Years 65 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: A & P Co
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Jas Wilson Dove
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Mary Elliott
16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT (Address): Paul Dove Homewood Apts

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: 1/14 1933

19. UNDERTAKER (Address): H. Sherwood Sons Lester Willis Mgr

20. FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw h alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of throat	
Secondary	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Clark Coroner. M. D.

(Address)

M. D. B. 1268-D

E 95907

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95907

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Toone St. St. 26-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Boyd

(a) Residence: No. 3402 Toone St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Boyd

6. DATE OF BIRTH (month, day, year) Dec. 23 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North East, Md.

FATHER

13. NAME William Boyd

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Keatley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Martha Boyd

(Address) 3402 Toone St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 5 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED Dec 5 1933

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h— alive on ..... 19.. Death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation Probable Accidental	
Illuminating Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 12/2 1933

Where did injury occur? 3402 Toone St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling Illuminating Gas

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. C. Kerrigan Coroner, M. D.

(Address) 1305 N. Fulton Ave

M. D. B. 1268-9

95908 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 95908

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Hollins St. St., 18-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Townsend.

(a) Residence: No. 1227 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ (or) WIFE of Joseph C. Townsend.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Haddock.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Annie ----

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Joseph C. Townsend. (husband)
(Address) 1227 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/4 1933

19. UNDERTAKER Frederick A. Cook
(Address) 1200 W. Lanvale St

Huntington Indiana

Dec 4 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Theo. Reinhardt Coroner, M. D.

12/2/33 Address 1017 N. Charles St.

M. D. B. 1268-9

E 95909

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95909

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 12-1 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Ruffin

(a) Residence: No. Carter a Lanvale St., (Eastern) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Ruffin

6. DATE OF BIRTH (month, day, year) Nov 14 - ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Louis Ruffin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Caroline Dawney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Dec. 4. 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED DEC 5 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1933 to December 1, 1933

I last saw h. alive on Dec 1, 1933 Death is said to have occurred on the date stated above, at 6.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate c Metastasis Intermachasis, generalized	2 yrs ?

Other contributory causes of importance:

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Balt City Hosp.

M. D. B. 1268-A E 95910 E 95910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 W Mulberry St. 7-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melvina Wells

(a) Residence: No. 612 W Mulberry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Wells

6. DATE OF BIRTH (month, day, year) Jan 6-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co
(State or country) Md

FATHER

13. NAME James Edwards

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Garrett

16. BIRTHPLACE (city or town) Anne Arundel
(State or country) Md

17. INFORMANT Mary Pratt
(Address) 612 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 4, 1933

19. UNDERTAKER Louis P. Davenport
(Address) 1006 Pa. Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933 to Dec 1, 1933

I last saw h... alive on Dec 1, 1933 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset July 1933

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.-7-17-26 E 95911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95911

CERTIFICATE OF DEATH

√ 23

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 122 Callender St 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David H. O'Rourke,

(a) RESIDENCE NO. 122 Callender St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	married.

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Margaret (Hunter) O'Rourke

6 DATE OF BIRTH (month, day, and year) Feb-4-1880

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	53	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City.

(c) Name of employer Balto. City.

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John O'Rourke,

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Roche,

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Mrs. Margaret Hunter O'Rourke,
(Address) 122 Callender St.

15 Filed DEC 4 - 1933 Huntington W. Willard, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Dec. 1, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Dec 1, 1933.

that I last saw him alive on Dec 1, 1933

and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) None.

(duration) ____ yrs. ____ mos ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No. What test confirmed diagnosis? Physical Exam Etc.

(Signed) J. Chastleton, M. D.

12/3/33 19 (Address) 888 N. Longwood St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

UNDERTAKER J. F. Bro[illegible] & Son

Date of Burial 12/4/1933

ADDRESS 1136 Eutaw St

E 95912 E 95912

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hospl 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hazel Peters

(a) Residence: No. 125 Burkhead St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 24 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md.
(State or country)

FATHER

13. NAME John L Peters

14. BIRTHPLACE (city or town) Balto
(State or country)

MOTHER

15. MAIDEN NAME Maria Pucklin

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Mrs John L Peters

(Address) 173 E Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 6 19 33

19. UNDERTAKER Chas E Burns

(Address) 1501 W Pratt St.

20. FILED DEC 7 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/22 1933 to 12/3 1933

I last saw her alive on 12/3/33. Death is said to have occurred on the date stated above, at 6:25 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendicitis	7 days

Other contributory causes of importance:

Peritonitis	6 days

Name of operation appendectomy Date of 11/27/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Burns M. D.

(Address) Balto city Hospls

M. D. B. 1268-B

E 95913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95913

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4519 York Road St., 27-C Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 64 yrs. 8 mos. 27 ds.

2. FULL NAME Martha Jane Fennelly

(a) Residence: No. 4519 York Road St., ... Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence A. Fennelly

6. DATE OF BIRTH (month, day, year) March-6-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Phila. Penna

FATHER

13. NAME Robert Loney

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Rose C Brien

16. BIRTHPLACE (city or town) (State or country) Phila Penna

17. INFORMANT Mrs L. J. Fennelly - Husband
(Address) 4519 York Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Forhwood, Date Dec 5 1933

19. UNDERTAKER Lewis H Monnie Co.
(Address) Edgemere

Filed Dec 5 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/2 1927 to 12/1 1933

I last saw h.. alive on Nov 27 1933 Death is said to have occurred on the date stated above, at 8.a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary edema, Shipping
Right lung, Pleurisy, adhesions
by which he was confined to bed
& room 1 week prior to death. 1920
Chronic Bright's Disease 1927

Other contributory causes of importance:
Hypertension.

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. A. Hartung M. D.

(Address) 5535 York Rd

M. D. B. 1268-9 E 95914 E 95914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×V23

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? 34 yrs 10 mos. 9 ds.

2. FULL NAME [illegible] (Bessie Hardy Skinner) Gamber and Eudowood, Balto., Co.

(a) Residence: No. University Hospital, St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Skinner

6. DATE OF BIRTH (month, day, year) January-23-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hebron Conn.

FATHER

13. NAME George Hardy

14. BIRTHPLACE (city or town) (State or country) Dorchester England

MOTHER

15. MAIDEN NAME Clara A. Painter

16. BIRTHPLACE (city or town) (State or country) Glouchester England

17. INFORMANT Mr. Thomas W. Skinner (husband)

(Address) 4827 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Dec/4/33 19

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Avenue

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1-33, 19 to 12-2-33, 19

I last saw h[illegible] alive on 12-2-33, 19 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	11-30

Other contributory causes of importance:

Acute pharyngitis.
Pulmonary tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Gamble M. D.

(Address) University Hospital

AACo. 5-31 250B E 95915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95915

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Balto. Gen'l. Hosp.
CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Thomas Chandler

(a) Residence: No. 161 W. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Peter T. Chandler
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Amelia Hayes
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Florence Walker
(Address) 1320 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec. 4. 1933

19. UNDERTAKER Warren J. Gentry
(Address) 1102 Forrest St.

FILED DEC 4 - 1933 Huntington Hilliard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933, to Dec. 1, 1933
I last saw him alive on Dec. 1, 1933 death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/29/33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M. L. Currie, M. D.
(Address) C.O. Balto. Gen'l. Hosp.

A&Co. S-H-250B

E 95916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95916

92-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 E. Lafayette Avenue St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Walter Norris

(a) Residence: No. 1419 E. Lafayette Avenue St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah O'Brien Norris

6. DATE OF BIRTH (month, day, year) Dec. 23, 1881

7. AGE Years	Months	Days	If LESS than 1 day old
51	11	9	hrs. min. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0-9

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George C. Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Alice Mason

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Sarah Norris
(Address) 1419 E. Lafayette Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Cem. Dec. 5, 1933

19. UNDERTAKER George J. Pentz Son
(Address) 835 Hollins Ave

20. FILED Dec 4 - 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933, to Dec 2, 1933

I last saw h-- alive on Dec 2, 1933 death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

Dilatation of Heart — Date of onset Dec

Other contributory causes of importance:

Chronic valvular disease of heart — Date of onset Aug 27/30

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John L Goodrum, M. D.

(Address) 1712 Eutaw Pl.

E 95917

AACo. 5-11 250M

E 95917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023-Robb Street St., 9-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Boudenard

(a) Residence: No. 2023-Robb Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella (Blake)

6. DATE OF BIRTH (month, day, year) Feb. 18th, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or
54	9	12	XXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Henry Boudenard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Frier

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Henry Boudenard
(Address) 2023-Robb Street

18. BURIAL, CREMATION, OR REMOVAL.
Place Lorraine Cem. Date 12/4/33 19

19. UNDERTAKER George D. Rusk Son
(Address) 124 W. Huntington Ave. Huntington, W. Va.

20. FILED 12-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 30. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1933, to Nov. 30, 1933

I last saw h[illegible] alive on Nov 30 1930 death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	11/11/33

Other contributory causes of importance:

Name of operation ____ Date of

What test confirmed diagnosis? C? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum, M. D.

(Address) 133 E. North Ave

M. D. B. 1568-9 E 95918 E 95918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

461

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 251 S. Regester St. 2-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Bennett

(a) Residence: No. 251 S. Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena Bennett

6. DATE OF BIRTH (month, day, year) April 27, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Henry Bennett
(Address) 207 S. Regester St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date Dec 5. 1933

19. UNDERTAKER H. Sander, Sons Inc
(Address) 1710 E. East St.

20. FILED 19 Huntington-Holliswood Co

C4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1933 to Dec 2nd 1933

I last saw h.. alive on Dec 2nd 1933. Death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	1933

Other contributory causes of importance: Senility

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. L. Werner M. D.

(Address) 130 S. Broadway

M. D. B. 1264-9 E 95919 E 95919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 70-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Boyd Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma M. Gericke

(a) Residence: No. 2108 Boyd Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Gericke

6. DATE OF BIRTH (month, day, year) May 25, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Knell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Alexander Gericke
(Address) 2108 Boyd Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loh Redeemer Cem Date Dec 4 1933

19. UNDERTAKER HENRY SANDER & SON, INC. J. Sander
(Address) BROADWAY & BALTIMORE STS.

20. FILED Dec 4 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933 to Nov 30, 1933

I last saw h alive on Nov 30, 1933 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy N. Cromwell M. D.
Coroner

(Address) 1303 Patapsco Ave.

AACo. 5-31 2500

E 95920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95920

CERTIFICATE OF DEATH

93003

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1637 E. North ave. St., 8-01 (Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Schaut

(a) Residence: No. 1637 E. North ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis E. Schaut

6. DATE OF BIRTH (month, day, year) Dec 8th 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) alt. Prussen Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Fried. Maier
(Address) 1637 E. North ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Dec 6th 1933

19. UNDERTAKER Frederick Lawton & Sons
(Address) 701 Eddis Road

20. FILED Dec 6 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1933, to Dec - 4, 1933

I last saw her alive on Dec 3- 1933 death is said to have occurred on the date stated above, at 4.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Aug 28 33
Edema of Lungs	Dec 3-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E North av

C4-

M. D. B. 108-9 E 95921

E 95921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 50

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Florence Chambers

(a) Residence: No. 2796½ Alameda Boulevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Charles J. Chambers

6. DATE OF BIRTH (month, day, year) October 19 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Burrier

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie Spindler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. C. Chambers
(Address) 2796½ Alameda City

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Grove Cem Date Dec 4 1933

19. UNDERTAKER Yonge Funeral Home Inc
(Address) 1301 E Eager St

20. FILED Dec 4 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from November 20 1933 to December 1 1933

I last saw her alive on December 1 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma breast - right	?
2. Pulmonary embolus	12-1-33

Other contributory causes of importance:

Name of operation Amputation breast Date of 11-21-33

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. T. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

DEC 4 1933

M. D. B. 1268-7 E 95922

E 95922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 E Eager St. 10-6 (Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosine M. Rosenberger

(a) Residence: No. 1325 E Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter A. Rosenberger

6. DATE OF BIRTH (month, day, year) Not Late

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm. Keller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mr. Peter A. Rosenberger

(Address) 1325 E Eager St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Dec 5' 1933

19. UNDERTAKER Henry Hood Sons Inc.

(Address) 1324 E Eager St

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from November 25 1933 to December 1 1933

I last saw her alive on November 30 1933 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 wk ago
Edema of Lungs	1 wk ago

Other contributory causes of importance:

Chronic Bronchitis	3 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William F. Schwark, M. D.

(Address) 1200 N. Caroline St.

M. D. B. 1268-9

E 95923

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95923

106-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Presbury St. St., 16-01 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida V. Fresh

(a) Residence: No. 3117 Presbury St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Philip C. Fresh

6. DATE OF BIRTH (month, day, year) Nov. 24, 1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Ve.ly J. Clousher

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Lydia Deock

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Philip C. Fresh
(Address) 3117 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 6. 1933

19. UNDERTAKER Geo. H. Little
(Address) 2700 Edmondson Ave.

20. FILED DEC 4 - 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from May ..... 19 1[illegible] to Dec. 3, 1933 .....

I last saw her alive on Dec. 3, 1933 ..... Death is said to have occurred on the date stated above, at 8.4[illegible] m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	30 Yrs.
Bronchal Asthma	30 Yrs
Dilatation of Heart	6 Mo.
Exhaustion	1 da.

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1317 W. Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

V E 95924

HEALTH DEPARTMENT—CITY OF BALTIMORE

95924

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Appel Sr

(a) Residence: No. 412 N. Poppleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/26/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Appel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Foster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sister Nora

(Address) 412 N. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 5. 1933

19. UNDERTAKER Geo W. Little

(Address) 29 S. Edmondson Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2- 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/20/33 19 to 12/1/33 19

I last saw him alive on 12/2/33 19 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	2 yrs
Other contributory causes of importance: Cerebral Accident	10 days

Name of operation Suprapubic prostatectomy Date of 11/27/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Leetch M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95925

CERTIFICATE OF DEATH

E 95925

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Clark

(a) Residence: No. 14 N. Dallas st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Clark

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Charlotte Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 12/5 '33

19. UNDERTAKER J. J. Fahey Son
(Address) 1011 Light St

20. FILED ..... 19.....

DEC 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1933 to Nov. 28 1933

I last saw h. in alive on Nov. 28 1933. Death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	October 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. [illegible] 95926 ✓ E 95926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 E Randall St. 23-01 Ward)

Length of residence in city or town where death occurred 14 yrs. 9 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John R Collins

(a) Residence: No. 21 E Randall St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura M Collins

6. DATE OF BIRTH (month, day, year) Oct 24 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Die Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John R Collins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Linda Griffith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura M Collins

(Address) 21 E Randall St

18. BURIAL, CREMATION, OR REMOVAL Huntington

Place St Marys Cem Date Dec 6 1933

19. UNDERTAKER A Howard Evans

(Address) 25 E Fayette St Huntington Indiana

20. FILED Dec 6 1933

64-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2. 1933.

22. I HEREBY CERTIFY, That I attended deceased from 10.1.33. 1933 to Dec. 2 1933

I last saw him alive on Dec. 2 1933 Death is said to have occurred on the date stated above, at 12.55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12.2.33.

Other contributory causes of importance:

Hypertension	3Yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) O Ellis B. Fowler M. D.

(Address) 1432 William St.

M. D. B. 1268-9 E 95927 ✓ E 95927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Junius Fields

(a) Residence: No. 705 Colvin St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	50	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Fields

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cornelia Cummings

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Universality of Md Date DEC 4 1933 19.....

19. UNDERTAKER .....
(Address) .....

20. FILED DEC 4 1933 Huntington Ave. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933 to Nov 30, 1933

I last saw him alive on Nov 30 1933. Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-3 days ?
Other contributory causes of importance: Arteriosclerotic C. V. disease	?

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) C. H. Burns M. D.

(Address) Mercy Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

E 95928 ✓ E 95928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95928

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2211 Rogers Ave ST. 71-01 WARD)

2—FULL NAME Miss Laura Latham

(a) RESIDENCE NO. Home for the Aged of the M. E. Church WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2. 1850.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Latham

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Amanda Hopkins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md.

14 Informant Ethel Lenderman

(Address) 2211 Rogers Ave

15 Filed 4-1933 Thurston H. Shaw, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC. 3. 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933, to Dec. 3, 1933, that I last saw h-er alive on Dec. 2, 1933 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical method

(Signed) George C. Shannon, M. D.

Dec. 19 33 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 5 19 33

20 UNDERTAKER J. Vernon Herbert

ADDRESS 153 Hilton

M. D. B. 1268-9

✓ E 95929

95929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Michael Thorn

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Creighton

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Michael Thorn

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Isabella Smith

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) 1200 Valley St. City.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/5/33

19. UNDERTAKER John F. Medford
(Address) 714 Fremont Ave

20. [illegible] for Williams ST
[illegible] Registrar.

- 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, 19..., to Dec 3, 1933
I last saw h[illegible] alive on Dec 1, 1933. Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Arteriosclerosis	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of No

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. McCahan, M. D.

(Address) 11 - Hampton Ave

M. D. B. 1368-9

E 95930

95930

279350

Ped.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Wengert 24-01

(a) Residence: No. 1729 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/24/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Wengert

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med Coll Date DEC 4 - 1933 19

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25-1933 to 11-25-1933

I last saw him alive on 11-25-1933. Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Lowman Taylor M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 95931

95931

HEALTH DEPARTMENT—CITY OF BALTIMORE

279366

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Walker

(a) Residence: No. 1227 E. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/26/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Marion Walker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Johnnie Keeling

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Medical DEC 4 - 1933 Date 19

19. UNDERTAKER [illegible]
[illegible]

20. FILED 12-4-1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1933, to Nov. 28 1933.

I last saw him alive on Nov. 28 1933. Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumaturia	

Other contributory causes of importance:

Aspiration pneumonia 1 day	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) John D. Washington M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

✓ E 95932

95932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. Front Street St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph Connelly

(a) Residence: No. 613 Glenwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Connolly Connelly

6. DATE OF BIRTH (month, day, year) July 2, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 166

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William J Connelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah C. Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William V Connelly

(Address) 3016 Northway Drive

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. (Govans) Date Dec. 6, 1933

19. UNDERTAKER

(Address)

4-1933

21. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 , 19 33

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed James M Benton , M. D.
Coroner

(Address)

A&Co. 5-31 250B

E 95933

95933

HEALTH DEPARTMENT—CITY OF BALTIMORE

121

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 Wheeling St., 23-01 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie M. Coulford

(a) Residence: No. 11 Wheeling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Coulford

6. DATE OF BIRTH (month, day, and year) March 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 5/33

11. Total time (years) spent in this occupation 63 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER FATHER

13. NAME Sarah Blakeley

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Pilgrim

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ruth J. Coulford
(Address) 11 W. Wheeling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 6 1933

19. UNDERTAKER Fred A. Krause & Son
(Address) 703 E. Fairmount Ave.

Dec. 4 1933, 10... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. ..., 1933, to Dec 3, 1933

I last saw her alive on Dec 2, 1933 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Interstitial nephritis. — Date of onset about Apr.

Other contributory causes of importance: Dilatation of the heart

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Edw. Smith M. D.

(Address) 910 Eutaw St.

M. D. B. 1268-9

✓ E 95934

95934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Howard A Kelly Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1418 Eutaw Place St., ...Ward)

Length of residence in city or town where death occurred about 4 years How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George K. Buck 12-01

(a) Residence: No. Guilford Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harriet L. Buck

6. DATE OF BIRTH (month, day, year): Aug 29 1851

7. AGE — Years: 81 | Months: 3 | Days: 3 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Religious

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 45 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: William H. Buck

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Miss Hukeman

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs. K. C. Buck (Bro) (Address) Hammond Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Wellesley Mass Date Dec 6 1933

Funeral Mass.

19. UNDERTAKER: Stewart & Co. (Address) 108 Mt Vernon Place

20. Filed DEC 4 1933 Huntington Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1933 to Dec 4 1933

I last saw him alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Bladder	2 mos.

Other contributory causes of importance:

Diabetes	3 mos.

Name of operation None. Date of .....

What test confirmed diagnosis Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Howard Kelly M. D.

(Address) 1418 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 95935

95935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1545 Ramsay St. St., Ward)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Smith Sr.

(a) Residence: No. 1545 Ramsay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, WIFE (or HUSBAND) of Lottie Smith.

6. DATE OF BIRTH (month, day, year) December 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carder.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Coat Pad Co

10. Date deceased last worked at this occupation (month and year) December 1, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas W. Smith.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary E. Hook.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Lottie Smith. (wife)
(Address) 1545 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Dec. 5, 1933

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

DEC 4 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. Hall Kinnard, M. D.
Coroner

12/4/33 (Address) 1017 N. Charles St.

M. D. B. 1268-9

E 95936

95936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(Wagners Point) 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Leo St., 25-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Konstanty Sokolis

(a) Residence: No. 3714 Leo St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonina Sokolis

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Leo

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Elizabeth Alexandrowicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Antonina Sokolis

(Address) 3714 Leo St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date Dec 6, 1933

19. UNDERTAKER Wm S. Fialkowski

(Address) 1002 Eastern Ave

4-1933 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933 to Dec 3rd, 1933.

I last saw him alive on Dec 3, 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (cerebral Hemorrhage)	Dec 1st
Other contributory causes of importance: Arteriosclerosis	1yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Piroski, M. D.

(Address) 1122 W North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 95937

95937

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) 11-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Wm H Greaves Long Island New York

(a) Residence: No. 9323 - 218th St Queens Village St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Florence Greaves

6. DATE OF BIRTH (month, day, year): Oct 9 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. R. Coe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hot Springs Ark.

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Florence Greaves

(Address) Queens Village L. I.

18. BURIAL, CREMATION, OR REMOVAL: Place Queens Village Long Island N.Y. Date Dec 5, 1933

19. UNDERTAKER: [illegible]

(Address) [illegible]

4-1933 Huntington Williams, M.D.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-4-1933 to 12-4-1933

I last saw him alive on 12-4-1933. Death is said to have occurred on the date stated above, at 2.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Myocardial insufficiency	11/20/33
Broncho-pneumonia	11/30/33

Other contributory causes of importance:

Pulmonary Edema	12/4/33

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95938

95938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital St., Ward) 10-01

Length of residence in city or town where death occurred 45 yrs. ---45--- mos. ---45--- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Gleason.

(a) Residence: No. Little Sisters of the Poor. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Do not know.

6. DATE OF BIRTH (month, day, year) — Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Frederick Co. Md.

FATHER

13. NAME — Michael Gleason.

14. BIRTHPLACE (city or town) (State or country) — Ireland.

MOTHER

15. MAIDEN NAME — Do not know.

16. BIRTHPLACE (city or town) (State or country) — Do not know.

17. INFORMANT — Mrs. Stephen S. Ridgely. (niece)
(Address) 3121 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 5, 1933

19. UNDERTAKER Geo. W. Little
(Address) 2100 Edmondson Ave.

20. FILED 4-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10.05 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia.	
Intratrochanteric fracture of left femur. Accidental fall from a chair to the floor.	

Other contributory causes of importance:

Name of operation Balanced traction Date of 11/18

What test confirmed diagnosis? X Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/17/33

Where did injury occur? at home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Roll A. Reinhardt Coroner, M. D.
12/4/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9 E 95939 ✓ E 95939

279519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 7-01

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert McKean

(a) Residence: No. 339 - 55th St St., Ward Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-21-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Wallace McKean

14. BIRTHPLACE (city or town) (State or country) Wash D.C.

MOTHER

15. MAIDEN NAME Loretta Connors

16. BIRTHPLACE (city or town) (State or country) Wash D.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Brooklyn N.Y. Date 12/11 1933

19. UNDERTAKER William Cook
(Address) 1647 St Paul St

FILED DEC 4 1933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Dec 2, 1933

I last saw him alive on Dec 2, 1933. Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	Sept. 1933
Other contributory causes of importance:	
None	

Name of operation Rt. Craniotomy Date of 12-2-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hosp

M. H. B. 1268-7 E 95940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95940

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Edmondson Ave St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ansell R. Harcum

(a) Residence: No. 729 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21-1933

7. AGE Years | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Addison Jarvis Harcum

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Vivian Harcum

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Vivian Harcum

(Address) 729 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Date Dec. 6 , 1933

19. UNDERTAKER Joseph A. Smith

(Address) 1410 W. Mount Street

20. FILED Dec 5 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 , 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19

I last saw h alive on Dec 3 , 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner . M. D.

(Address)

M. D. B. 1268-B

E 95941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 818 Pierce St. 18-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Carroll

(a) Residence: No. 818 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tip Carroll

6. DATE OF BIRTH (month, day, year) February 14 1882

7. AGE Years	Months	Days	LESS than 1 day, ... hrs. or ..... min.
51	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys city Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Oscar Johnson

(Address) 818 Pierce Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 5 1933

19. UNDERTAKER Joseph A Lively

(Address) 409 N. Mount Street

Filed DEC 5 - 1933 19 ..... Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1933 to Dec 1 1933

I last saw her alive on Dec 1 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 29 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H G George M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-2—E.B.R.S.—400 Bks.

Bonsall

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95942

E 95942

CERTIFICATE OF DEATH.

82-001

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 615 Mt Holly St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Shaw Bonsall

(a) Residence No. 615 Mt Holly St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6-DATE OF BIRTH (month, day and year) July 25 1884

7-AGE. 49 yrs. + mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER, John Henry Bonsall

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER, Mary Agnes Shaw

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Baltimore

14- (Informant) Mrs Catherine Bonsall

(Address) 615 Mt Holly

15- Registrar.

DEC 5 - 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 3, 1933

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1933 to Dec 3 1933

that I last saw him alive on Dec 3 1933

and that death occurred, on the date stated above, at 7 10 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 hours

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

Two weeks from History

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs + Symptoms

(Signed) L. A. Kelly, M. D.

, 19 (Address) 3517 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Lorraine Park Cemetery

DATE OF BURIAL, Dec 6, 1933

20-UNDERTAKER John F. Kenny

ADDRESS 715 Light St.

Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Aplus D.Gise

E 95943

E 95943

HEALTH DEPARTMENT—CITY OF BALTIMORE

695443

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 441 Rosebank Ave (WARD) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Aplus D Gise

(a) RESIDENCE NO. 441 Rosebank Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Gertrude Gise

6 DATE OF BIRTH (month, day, and year): July 13-1855

7 AGE — Years: 78 Months: 4 Days: 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

009

9 BIRTHPLACE (city or town) (State or country): Uniontown Pa.

PARENTS

10 NAME OF FATHER: ? Gise

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Howard O Gise

(Address): 441 Rosebank Ave

15 Filed DEC 5 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4, 1933

17 I HEREBY CERTIFY, That I attended deceased from ~~Nov~~, 1933, to Dec 4, 1933, that I last saw him alive on Dec 3, 1933 and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic Cardio-vascular disease

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (Secondary) auricular fibrillation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D Wack, M. D.

. 19 (Address) 513 E 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Dec 6 1933

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul

E 95944

M. D. B. 1268-9

E 95944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-001

Registered No. ...

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Parkslay St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Sebald

(a) Residence: No. 411 Parksley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Ludwig Sebald

6. DATE OF BIRTH (month, day, year) Aug 8th 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Kurtz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Elizabeth Loschke

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Ludwig Sebald
(Address) 411 Parksley St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 5th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED Dec 6 1933 Director of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1933 to Dec. 2, 1933

I last saw her alive on Dec. 2, 1933 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 26
Lobar Pneumonia	
Pleurisy	

Other contributory causes of importance:

Ac. Dil. of Heart	36 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — , 19...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or Injury in any way related to occupation of deceased? —
If so, specify

(Signed) E. E. Horn M. D.

(Address) 476 Cathedral St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1200-a

E 95945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95945

114-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolto city Hosp. 22-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Eckert

(a) Residence: No. 529 South Charles St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Sept 28 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Gustave Eckert

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mennia Pelgold

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Arthur Eckhardt

(Address) 2805 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 19 Registrar

DEC 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/31 1933 to 12/3 1933

I last saw h[illegible] alive on 12/3 1933 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess Rt.	3 Mo.
	wks

Other contributory causes of importance:

Pneumonia, Pulmonary

Name of operation Thoracotomy Date of op 11/3

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Lowry M. D.

(Address) Balto City Hosp.

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 4268-a

E 95946

E 95946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 110

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 21-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Sauer

(a) Residence: No. 1137 Washington Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Mamie J. Sauer

6. DATE OF BIRTH (month, day, year) Nov 24 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Gl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Campbell Metal Window Works

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Bridgeport Conn

FATHER

13. NAME Edward Sauer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mamie V. Sauer
(Address) 1137 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 7 1933

19. UNDERTAKER Wm Cook
(Address) 1217 W Fayette St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Dec 4 1933

I last saw h.. alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Hemorrhage & Effusion	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) G. H. Baker M. D.

(Address) University Hosp

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95947 52v E 95947

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Fenchurch Road St. 27-W Ward)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Frances Lacy

(a) Residence: No. 3800 Fenchurch Road, St., Guilford Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Lacy

6. DATE OF BIRTH (month, day, year) Oct. 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James J. Lacy

(Address) 3800 Fenchurch Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 12/6 1933

19. UNDERTAKER Henry U. Mears and Son

(Address) 805 W. Lafayette Street

Registered Dec 5 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1933 to Dec. 3, 1933

I last saw her alive on December 2 1933 Death is said to have occurred on the date stated above, at 5.15 A.M.

The principal cause of death and related causes of importance were as follows:

Sarcoma, abdominal, with diffuse metastasis.

Date of onset

over

Other contributory causes of importance:

Name of operation Biopsy Date of 10/25/33

What test confirmed diagnosis? biopsy Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. Gilson Eastland M. D.

(Address) Baltimore, Md.

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 5 - 1933

M. D. H. 1268-9

E 95918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95918

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-M Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa I. Howard

(a) Residence: No. 5444 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund Howard

6. DATE OF BIRTH (month, day, year) October 16/187[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Stevenson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rose Geis

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edmund Howard

(Address) 5444 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Key Memorial Date Dec 6 . 19 33

19. UNDERTAKER Lewis & McNamara Inc.

(Address) 1616 E. Eager St.

20. FILED Dec 6 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Terminal)	
Other contributory causes of importance: Cerebral Apoplexy	48 hrs

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. H. Coroner . M. D.

(Address) 508 E. Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126

E 95949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 E Lanvale St. 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George C Schlesinger

(a) Residence: No. 1723 E Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jailer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm Schlesinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mathea Kenz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm Schlesinger
(Address) 1723 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place St Katherines Date Dec 6 1933

19. UNDERTAKER Lowe Bros Sons Inc.
(Address) 1311 E Eager St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 to Dec 4 1933

I last saw alive on Dec 3 1933 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1932

Other contributory causes of importance:

Bronchitis chronic & Dropsy	

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edw. S. Timmerman M. D.

(Address) 2508 Maryland Ave

State CAUSE OF DEATH in plain terms, so that it may be understood by the public. OCCUPATION is very important. See instructions on back of certificate.

CL 9330

M. D. B. 1268-9

E 95950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95950

CERTIFICATE OF DEATH

V 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fleet Gus Grundy St 3 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Domenico D'Andrea

(a) Residence: No. 3806 E Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	8	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Mill

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Benny D'Andrea

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Agnes Ebecca

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Raphael Aquisto
(Address) Canton Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Cadiz Ohio Date Dec 7 1933

19. UNDERTAKER Wendell Wright
(Address) 200 E Patterson Pk

20. FILED DEC 5 1933 Huntington Fisher (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1030 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of Head Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, (suicide,) or homicide? Yes Date of injury 12/2 1933

Where did injury occur? Fleet & Grundy Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Pistol shot wound of Head

Nature of injury Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) P P Sexauer M D M. D.
Coroner

(Address) 1305 N Patterson Pk Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95951

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4506 Penhurst Ave, St., 28 - 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary V. Lang

(a) Residence: No. 4506 Penhurst Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John E. Lang

6. DATE OF BIRTH (month, day, year) Mar 11, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME T. Coburn

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lusby

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT H. C. Kinsley

(Address) 4506 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL Park

Place St Paul's Med Date 12/6 1933

19. UNDERTAKER Richard J. Gregor

(Address) 1420 Arlington Ave Baltimore, Md.

Registered

C. FILED 1933 C5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28th 1933 to Dec 2nd 1933

I last saw h alive on Dec 1st 1933. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Months
(Secondary to other organ)	Weeks
(Not Stated)	
Other contributory causes of importance: Hemorrhage from Bladder	Weeks

Name of operation ... Date of ...

What test confirmed diagnosis? Physical & Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. B. Lund, M. D.

(Address) 4926 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12(3-)

E 95952 Ruth Millburn Gauss E 95952

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 146

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 (Ward) 1

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Millburn Gauss

(a) Residence: No. 2203 North Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Donald Holmes Gauss

6. DATE OF BIRTH (month, day, year) Dec 27, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Nov. 24

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Sykesville Maryland

FATHER

13. NAME Elias Read Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Elizabeth Elena Hansen

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT Mother
(Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec 7th 1933

19. UNDERTAKER Pentz & Hoffa
(Address) 2324 N. Charles St

20. FILED DEC 5 - 1933 Huntington Wilkinson, Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1933, to December 4, 1933

I last saw her alive on December 4, 1933. Death is said to have occurred on the date stated above, at 12:30 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute uremia with convulsions	Dec 1

Other contributory causes of importance: Pregnancy - multiple twin -

Name of operation Delivery Date of Nov 30

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John G. Murray Jr. M. D.

(Address) 9 East Chase Street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

E 95953

E 95953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 24 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Herman Hueter

(a) Residence: No. 530 S. Catherine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Regina C. Hueter

6. DATE OF BIRTH (month, day, year) Oct. 5-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sinai Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 062

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Hueter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Regina C. Hueter

(Address) 530 S. Catherine St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 6/ 19 33

19. UNDERTAKER F. B. Hippert & Son

(Address) 800 Eutaw Place

[illegible] Huntington Hollow Md

DEC 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1933 to Dec. 4 1933

I last saw h.e.m. alive on Dec. 4 1933. Death is said to have occurred on the date stated above, at 12:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Chronic Myocarditis
Cardiac Hypertrophy + Dilatation
Cardiac Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Weiner M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

B 3

M. D. P. 1268-4 E 95954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95954

CERTIFICATE OF DEATH

82V-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Fulton Ave St. 27-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosina Lydia Hammer

(a) Residence: No. 2600 Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Hammer

6. DATE OF BIRTH (month, day, year) May 30-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Neubaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena Hammer
(Address) 2600 Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 5/33 19...

19. UNDERTAKER F. D. Pfisterer-Son
(Address) 2326 Eastern Place

20. FILED DEC 7 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2/ 19 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Dec 2, 1933

I last saw her alive on Dec 1 1933. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy) — Date of onset Dec 1/33

Other contributory causes of importance: arterio-sclerosis — Several years.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Morris B. Green M. D.

(Address) 5543 Harford City

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12689 Dr. Hines 5600 York Rd — E 95955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 357 Rose Bank Ward)

Registered No. E 95955

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Marion Hines

(a) Residence: No. 357 Rose Bank Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, year) June 15 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co
(State or country) Md.

FATHER

13. NAME Edward J. Hines

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sawton

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT J. Edward Hines
(Address) 357 Rose Bank

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Dec 6. 1933

19. UNDERTAKER F. B. Wippert
(Address) 856 W. Baltimore St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1933 to Dec. 2. 1933.

I last saw him alive on Dec. 2. 1933. Death is said to have occurred on the date stated above, at 7.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Long Duration
Other contributory causes of importance: Bronchopneumonia	10 da

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Hines M.D. M. D.

(Address) 5606 York Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 88-9 E 95956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95956

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins Ave. St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George L. Hennis

(a) Residence: No. 2408 Frederick Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Emma Alice Hennis

6. DATE OF BIRTH (month, day, year) Aug 19-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Record Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Md.

FATHER

13. NAME Geo. L. Hennis

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Susannah Seymour

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Jack Hennis 2408 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Dec 6/33 19

19. UNDERTAKER (Address) F. B. Tippett & Son 1300 Eutaw Place

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1933, to Dec. 3, 1933

I last saw h[illegible] alive on Dec. 3, 1933. Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder & Liver with metatasis	
Other contributory causes of importance: Terminal Pneumonia	

Name of operation Laparotomy Date of 12/2/33

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Carl G Diehl, M. D.

(Address) St Agnes

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

5-1933 Livingston Welch

M. D. B. 1263-9

E 95957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95957

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Mary Ave. St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 22 yrs. ..... mos. ..... ds.

2. FULL NAME Nicholas Eszes

(a) Residence: No. 3608 Mary Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Eszes

6. DATE OF BIRTH (month, day, year) Aug 17, 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungry

FATHER

13. NAME John Eszes

14. BIRTHPLACE (city or town) (State or country) Austria Hungry

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Julia Eszes

(Address) 3608 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec. 5 19 33

19. UNDERTAKER Leonard J. Ruckert

(Address) 5305 Harford Rd.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2/33 19

22. I HEREBY CERTIFY, That I attended deceased from February 2 19 33 to DEC 2 19 33

I last saw h[illegible] alive on DEC 1 19 33 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pneumonia	10 m
Nephritis	

Other contributory causes of importance:

Decompensated Mitral Regurgitation	10 m

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A. Shorus M. D.

(Address) 2828 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 95958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95958

V 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Stockton St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Addie Matilda Jackson

(a) Residence: No. 1100 Stockton St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Jackson

6. DATE OF BIRTH (month, day, year) March 30 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	74	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg - 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

FATHER

13. NAME Robert Murray

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md

MOTHER

15. MAIDEN NAME Grace Carroll

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md

17. INFORMANT Mazon Wallace

(Address) 2116 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 6 1933

19. UNDERTAKER V. A. Brooks

(Address) 1463 W. Lanvale St.

20. FILED DEC 5 1933 Huntington Williams Registrar. 12/3/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1932 to Dec 2, 1933

I last saw h[illegible] alive on Dec 1, 1933 death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	? 1932

Other contributory causes of importance:

Age -	

Name of operation No Operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Wright, M. D.

(Address) 1209 Preston St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9 E 95959

E 95959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp (St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Langstrom

(a) Residence: No. 2818 Dillon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 3 1933

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.
(5 hours)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm F. Langstrom

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Lynn

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Langstrom
(Address) 2818 Dillon

18. BURIAL, CREMATION, OR REMOVAL.
Place Balt. Natl. Date Dec 5 1933

19. UNDERTAKER Kirwin & Hagan
(Address) 2400 Huntington Ave, Balto, Md

20. FILED DEC 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) ... Coroner ... M. D.
(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95960 ✓ E 95960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 N. Lonsdale St. 18-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs 6 mos 25 ds. How long in U. S. if of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Helen A. Meyer

(a) Residence: No. 927 N. Lonsdale St. Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James F. Meyer

6. DATE OF BIRTH (month, day, year) May 8 - 1892.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph E. Buettauer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary C. Smith

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mr James F. Meyer.
(Address) 927 N. Lonsdale St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 12/6/1933

19. UNDERTAKER Ernest Lowman & Son
(Address) 924 Lanvale St Baltimore, Md.

20. FILED DEC 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3/1933

22. I HEREBY CERTIFY, That I attended deceased from 11/17/33 to 12/3/33 19...
I last saw h alive on 12/3/33 19... Death is said to have occurred on the date stated above, at 3. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Chronic nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Armand B. Leary M. D.

(Address) 910 W. Lanvale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 95961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95961

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth M. Kuehn

(a) Residence: No. 810 N. Fenwood St. Ave Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Gustav Kuehn

6. DATE OF BIRTH (month, day, year) Feb. 26, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christopher Luther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalene Kallenbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Kuehn

(Address) 2811 Bauonne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Date 12/6 1933

19. UNDERTAKER Frank H. Kuhlke

(Address) 411 N. Edmondson Ave

20. FILED DEC 5 1933 H. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1933

22. I HEREBY CERTIFY That I attended deceased from Aug 1, 1931 to Dec 3, 1933

I last saw alive on Dec 3 1933 Death is said to have occurred on the date stated above at 7:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis Sero Fibrinous.	2 years
Arteriosclerosis	2 yrs.
Myocarditis, Chronic	10 yrs.
Chronic Interstitial Nephritis	10 yrs.

Other contributory causes of importance:

Senile Dementia	10 yrs.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) N. W. Boueller M. D.

(Address) 33 N. Fredrick Ave.

Information should be complete as far as practicable. Write plainly. Use ink. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 95962

HEALTH DEPARTMENT—CITY OF BALTIMORE

95962 X 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alberta Howard

(a) Residence: No. Catonsville Md St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beverly

6. DATE OF BIRTH (month, day, year) March 1- 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ed Burns

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Celia Willis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Mort Date Dec 5, 1933

19. UNDERTAKER Dent Eaton
(Address) 916 Park ave

20. FILED Dec 5 - 1933 Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933 to Dec 4, 1933.

I last saw her alive on Dec 4, 1933. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of mammary gland with metastasis to liver	3 yrs
b	
c	
d	

Other contributory causes of importance:

Carcinomatosis peritonei
Obstruction of ileum
Ca Rectum
Sigmoid

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James Bordley, Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U S 3

M. D. H. 1268-9 E 95963 ✓ E 95963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 W. Lexington St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Blackston

(a) Residence: No. 1112 W. Lexington St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1878

7. AGE: Years 55 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): A. H. Co. Md

FATHER

13. NAME: Robt Blackston

14. BIRTHPLACE (city or town) (State or country): A. H. Co. Md

MOTHER

15. MAIDEN NAME: Cecelia Ogle

16. BIRTHPLACE (city or town) (State or country): A. H. Co. Md

17. INFORMANT: Viola Blackston

(Address) 1112 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec 7 1933

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED: Dec 7 1933 Huntingtown Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Dec 3rd 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Stenosis — Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. G. Leuth Coroner, M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

C5 1933

M. D. H. 12[illegible] E 95964 ✓ E 95964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. St. 18-01 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Edward Green

(a) Residence: No. 1024 W. Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola Green

6. DATE OF BIRTH (month, day, year) [illegible] 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Green

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Viola Green
(Address) 1024 W. Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Dec 6, 1933

19. UNDERTAKER Mrs. Lulie R. Williams
(Address) 32[illegible] Huntington Pottsville, Pa

20. FILED [illegible] 19[illegible] Registrar.

DEC 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Co Calcis left intert. St. Malleolus left - & Lower ½ tibia	11/29/33
Other contributory causes of importance: Acute Uremia	11/29/33

Name of operation Operation Date of 11/30/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/29, 1933

Where did injury occur? Auto road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell from 2 story window

Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. B 1268-9 E 95965 ✓ E 95963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Smith

(a) Residence: No. 506 N. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Smith

6. DATE OF BIRTH (month, day, year) Oct 15, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	1	17	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musical. 086

10. Date deceased last worked at this occupation (month and year) Sept '33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME William Smith Sr.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Frances Hyman

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT University Hospital
(Address) Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 5, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED Dec 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/25, 1933, to 12/2, 1933

I last saw h alive on 12/2, 1933 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Influenza	

Other contributory causes of importance:

Operation

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address) University Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53

DEC 6 1933

M. D. B. 1268-9

E 95966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95966

174 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1247 St Mathews 5-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Hammond c

(a) Residence: No. 1249 St Mathews St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louisa Hammond

6. DATE OF BIRTH (month, day, year): July 2 - 1906

7. AGE: Years 27 Months 4 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Geo Hammond
14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER
15. MAIDEN NAME: Elizabeth Butler
16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Elizabeth Hammond
(Address) 1255 Ward St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cmty Date 12/5 1933

19. UNDERTAKER: Walter B. Sprigg
(Address) 1304 W. Hamburg St.

20. FILED DEC 5 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1 1933

22. I HEREBY CERTIFY, That I attended deceased from to I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Homicide — Stab wound of heart

Date of onset

Other contributory causes of importance:

Name of operation: Autopsy Date of: 12-2-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Leuck M. D. Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. H. No. 15 (5) B 95967

Marian A. Focke

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95967

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Marian A. Focke

(a) Residence: No. Church Home & Infirmary St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick F. Focke

6. DATE OF BIRTH (month, day, year) Dec 25 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Skeels

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Mary Focke

(Address) 1421 Baxter St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 5 1933

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED DEC 5 - 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1 1933 to December 2 1933

I last saw her alive on Dec. 2 1933 Death is said to have occurred on the date stated above, at 8:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

arteriosclerosis, general	
Hypertension, renal	
Diabetes Chronic	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David N. Andrews M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

95968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. F 95968

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Ashland Ave St., 10-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Boy Westcott

(a) Residence: No. 1226 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4/33

7. AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Manuel Robinson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Estelle Westcott

16. BIRTHPLACE (city or town) (State or country) Accomac, Va

17. INFORMANT Margie Westcott (mother)
(Address) 1226 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9.1[illegible] m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6 mons gestation	
(1 na twin)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner. M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

95969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95969

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Ashland Ave St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Boy Westcott

(a) Residence: No. 1226 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Manuel Robinson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Estelle Westcott

16. BIRTHPLACE (city or town) (State or country) Accomac Co., Va.

17. INFORMANT Margie Westcott (mother)
(Address) 1226 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place J. H. Medcalf Date 12/5/33 19
[illegible]

19. UNDERTAKER
(Address) [illegible] Huntington Pottsgrove, Pa.

Filed DEC 5 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity- 6 mons gestation	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 508 Eutaw

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

C 5 1933

AdCo. 5-11-250B

E 95970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 N. Caroline Street St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Mc Allister

(a) Residence: No. 1308 N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Mc Allister

6. DATE OF BIRTH (month, day, year) Dec. 11, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
77	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME ? Kuhn

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Margaret McAllester

(Address) 1308 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Dec. 6, 1933

19. UNDERTAKER Geo. C. Faith Emb.

(Address) 22 Hartford Ave. Huntington Station, N.Y.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1933 to 12/3, 1933

I last saw h[illegible] alive on 12/3, 1933 9.40 p m. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1930

Other contributory causes of importance:

Chronic Interstitial Nephritis	1930

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney Dr. Stuart M. D.

(Address) 4508 Frederick Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S.C.F. 1933

M. D. R. 1268-9

E 95971

HEALTH DEPARTMENT—CITY OF BALTIMORE

95971

CERTIFICATE OF DEATH

118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Holbrook St., 8th Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Harris

(a) Residence: No. 1527 Holbrook St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Ella M. Harris

6. DATE OF BIRTH (month, day, year) Nov. 23-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emerson Hotel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevator Operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME — Harris

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME — Winters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Ella M. Harris 1527 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md., Date Dec 5, 1933

19. UNDERTAKER Wm. G. Schaffer
(Address) 1816 E. Monument St.

DEC 5 1933

20. Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Dec 3, 1933

I last saw him alive on Dec 3 - 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility —	1932
Other contributory causes of importance:	
Chronic Nephritis	2 yrs

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wilbur M. Tames M. D.

(Address) Dulaney & Bolton Sts.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 95972

95974 3
27948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-01 Ward)

Length of residence in city or town where death occurred 23 yrs. 8 mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Virginia Deinlein

(a) Residence: No. 2020 E Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher

6. DATE OF BIRTH (month, day, year) 3-27-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Betz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eva Baker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Bur
Holy Redeemer Date Dec. 6, 1933

19. UNDERTAKER Stephen D. Kahn
(Address) 1300 N. Eutaw St.

20. FILED ..... 1933 Registrar.

C 5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933. to Dec 3, 1933.

I last saw her alive on Dec 3, 1933. Death is said to have occurred on the date stated above, at 12 30 m AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	about 10/30/33

Other contributory causes of importance:

Uraemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph T. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-11 2508

E 95973 ✓ E 95973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S. Pulaski St. 70-61 Ward)

Length of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Miss Rosa A. Clark

(a) Residence: No. 308 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 4th 1857

7. AGE	Years	Months	Days	If LESS than day, hrs. or min.
	76	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Thomas Clark
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine Kelly
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary C. Finnemyer
(Address) 308 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Our Cathedral Date Dec. 7 1933

19. UNDERTAKER George L. Schmit
(Address) 2101 Frederick Ave.

20. Filed Dec 5 1933 Registrar

C 5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1 1933 to Dec 3 1933
I last saw her alive on Dec 3 1933 death is said to have occurred on the date stated above, at 9a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Endocarditis	
Chr Interstitial Nephritis	

Other contributory causes of importance:
Pulmonary Oedema.
(Diabetic Coma)

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Norbert C. Nickels M. D.
(Address) 2157 Wilkens Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95974

95974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 W. Lanvale St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos L. Murray

(a) Residence: No. 1637 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Murray

6. DATE OF BIRTH (month, day, year): Sept 15 1875.

7. AGE: Years 58 | Months 2 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Talbot Co Md

FATHER

13. NAME: Jas. Murray

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Caroline Murray

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lillie Myers

(Address) 1637 W. Lanvale St

18. BURIAL, CREMATORY, OR REMOVAL: Druid Ridge Cemetery Date: DEC 6, 1933

19. UNDERTAKER: Bernard P. Hensley

(Address) 818 Druid Park Lake Dr.

20. FILED: DEC 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933 to Dec 3, 1933

I last saw him alive on Dec 2, 1933 Death is said to have occurred on the date stated above, at 6-10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
0	

Other contributory causes of importance:

Pulmonary Edema	
0	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Moody M. D.

(Address) 1402 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95975

95975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 36

1. PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Anne Bullock

(a) Residence: No. 3105 SUMTER Summit Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Elmer Bullock

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helena Anne Bowman Bullock

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

17. INFORMANT Joseph Elmer Bullock
(Address) 3105 Summit Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/6, 1933

19. UNDERTAKER Herman Lemmon
(Address) 4611 Park Heights Av.

DEC 5 1933

..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933 to Dec 3, 1933.

I last saw her alive on Dec 2, 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Septicemia, staphylococcus albus — Date of onset Nov 26, 1933

Other contributory causes of importance:

Infected left great toe — Nov 24, 33?

Ulcerative endocarditis?

Multiple emboli

Subacute nephritis, type ? — Dec 1, 33

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Beverley C. Compton, M. D.

(Address) Woman's Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 E. 30th. St. St. 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abbie O'Neill Parker

(a) Residence: No. 300 E. 30th. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Homer M. Parker

6. DATE OF BIRTH (month, day, year) June 20, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME William O'Neill

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Ann Rouse

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Homer M. Parker
(Address) 300 E 30th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Williamsport Pa. Date Dec. 6 1933

19. UNDERTAKER Geo F. Kaufhold Son
(Address) 115 W. 4th Baltimore

DEC 5-1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1933, to Dec. 4th, 1933

I last saw her alive on Dec 4th, 1933 Death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	11/7/33
following Essential Hypertension	

Other contributory causes of importance

Essential Hypertension	7 yrs
Neurities following injury	4 yrs

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. A. Dodds M. D.

(Address) 317 Med. Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. No-01 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jones ?

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 12/5/33 19

19. UNDERTAKER

(Address)

20. [illegible] 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1925 to Dec 3, 1933

I last saw him alive on December 3, 1933 Death is said to have occurred on the date stated above, at 6 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	?
Hypertension	?
Myocardial failure	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Magill M. D.

(Address) Balt. City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 5 - 1933

M. D. B. 1268-9

✓ E 95978

HEALTH DEPARTMENT—CITY OF BALTIMORE

95978

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 11-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Homestead

(a) Residence: No. 107 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thos Homestead

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Louisa Robinson

16. BIRTHPLACE (city or town) (State or country) Balt. Co Md

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date 12/5/33 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 19 Registrar.

12-5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1933 to December 1 1933

I last saw h[illegible] alive on Dec 1 1933 Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Intoxication,	?
Nephritis, arteriosclerotic	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel M. D.

(Address) Balt. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2 E 95979 E 95979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5109 Pennington ave St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Kotchen

(a) Residence: No. 5109 Pennington ave St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Kotchen

6. DATE OF BIRTH (month, day, year): ? 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: George Roman

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: John Kotchen

(Address): 5109 Pennington ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Cem. Date: Dec 6 1933

19. UNDERTAKER: Margaret G. Flynn

(Address): 1422 Light St

20. FILED: Dec 7 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1933 to Dec 2 1933

I last saw her alive on Dec. 2 1933 Death is said to have occurred on the date stated above, at 8 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Hemiplegia.	Sept 8 1933
Other contributory causes of importance: Aortic Regurgitation.	

Name of operation: — Date of:

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of Injury ... 19...

Where did Injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) William D. Cruse M. D.

(Address) 4815 Pennington Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B. 3

DEC 8 - 1933

M. D. B. 1268-9 E 95980

E 95980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-61 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ROBERT WALKER SPENCER

(a) Residence: No. ROCKS, MARYLAND. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie Spencer

6. DATE OF BIRTH (month, day, year) December 3, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Water Powers.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lineman 029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME SILAS L. SPENCER

14. BIRTHPLACE (city or town) (State or country) maryland

MOTHER

15. MAIDEN NAME mary mitchell

16. BIRTHPLACE (city or town) (State or country) maryland

17. INFORMANT Wife

(Address) Rocks Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wm Walters Cem Date Dec 8 1933

19. UNDERTAKER E. Hurt & Son

(Address) Jarrettsville Md.

DEC 6 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 6, 1933.

22. I HEREBY CERTIFY, That I attended deceased from OCTOBER 31, 1933 to DECEMBER 6, 1933.

I last saw him alive on December 6, 1933. Death is said to have occurred on the date stated above, at 12:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-27-33
not known	
Other contributory causes of importance	
Pulmonary Embolism	12-6-33

Name of operation NONE Date of —

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Pearce M. D.

(Address) Union Memorial Hosp.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 Rev. E 95981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 95981 / 5 95981 / 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Church St., Caitlin Hwy 25-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 14 yrs. ... mos. ... ds.

2. FULL NAME Joseph Shalcosky

(a) Residence: No. 1631 Church St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Shalcosky

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown Shalcosky

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophia Gruda

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Caroline Shalcosky
(Address) 1631 Church St

18. BURIAL, CREMATION, OR REMOVAL
Place, Holy Cross Cem. Date Dec 6, 1933

19. UNDERTAKER Frank Crabtree
(Address) 1906 Eastern Ave

20. FILED Huntington Williams Registrar
DEC 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933 to Dec 4, 1933

I last saw him alive on Dec 1, 1933. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Bronchopneumonia	Nov 28 1933
Other contributory causes of importance:	Unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. H. Hamilton M. D.

(Address) 481 S. Hanover Street

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs. 3

AACo. 5-31. 250B

E 95982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95982

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1316 Clare St St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Joseph Kelly

(a) Residence: No. 131 E Clare St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	M [illegible]

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] Baltimore

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) U.S.

FATHER

13. NAME William Kelly.
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Byrne
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Mary Frances
(Address) 1316 Clare.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Cathedral Date 12/6/33, 19....

19. UNDERTAKER J. Fahey & Son
(Address) 1318 Light St

FILED DEC 6 - 1933 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/33, 19....

22. I HEREBY CERTIFY, That I attended deceased from Dec 3/33, 19...., to Dec 4/33, 19....
I last saw him alive on Dec 3/33, 19.... death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	Not known
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. B. Slothower M.D.
(Address) 1318 Light St

Information asked for on this certificate is necessary for the registration of the death. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 95983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Roland Ave St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Susan Robinson

(a) Residence: No. 3911 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va

FATHER

13. NAME Robert Shipley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Manchone Shipley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Celia C Jarvis

(Address) 3911 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Medville Va Date Dec 6 19 33

19. UNDERTAKER Geo E Smith

(Address) 1700 Eutaw Place

DEC 6 - 1933 Lexington Williams, N.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1933 to Dec 5 1933

I last saw h. alive on Dec 12 1933 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hem	Dec 4 1933
Other contributory causes of importance: Arterio Sclerosis Diabetes mellitus	Years

Name of operation Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Dr. M. D.

(Address) 2020 N. Charles St.

INFORMATION: This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12680

E 95984

E 95984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Franklin Square Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee M. Sumner

(a) Residence: No. 1756 Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1859

7. AGE: Years 74 | Months 1 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME James P. Sumner

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Angeline E.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John H. Avery

(Address) 1520 Fidelity Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Forrans Cem Date Dec 7 1933

19. UNDERTAKER John A. Mitchell & Sons

(Address) 1900 Eutaw Place

20. Filed Dec 6 1933 Registrar.

DEC 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1933 to 12-5, 1933

I last saw him alive on 12-5, 1933 Death is said to have occurred on the date stated above, at 8:37 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-1-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Samuel Rubin M. D.

(Address) Franklin Sq. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 95985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95985

CERTIFICATE OF DEATH

V 131

I. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Guilford Homewood Aparts 12-01 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara A. Pund

(a) Residence: No. University Parkway & Guilford Ave Ward. Guilford Homewood Apartz

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Pund Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT C. Herbert Pund

(Address) 3118 W. Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date Dec 6, 1933

19. UNDERTAKER John C. Whitehill Funeral Director

(Address) 1900 Eutaw Place

20. FILED DEC 5 1933 Clinton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Dec 3, 1933

I last saw her alive on Dec 3, 1933. Death is said to have occurred on the date stated above, at 10.2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Uremia	

Name of operation ✓ Date of ✓

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. S. Lee M. D.

(Address) 2211 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 95986 E 95986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Athol Ave. St. 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Muller

(a) Residence: No. 22 S. Athol Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia V. Thode

6. DATE OF BIRTH (month, day, year) Aug 4/1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME August S. Muller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza E. Spilker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Amelia Muller
(Address) 22 S. Athol Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy Date 12/7/33 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1933 to Dec. 4 1933

I last saw h~~e~~ alive on Dec. 4 1933 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Nov. 23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry E. Wilson M. D.

(Address) 3 W. Biddle St.

V S 3.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 95987 E 95987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Chestnut Ave. St. 13-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie C. Nelson

(a) Residence: No. 3429 Chestnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Nelson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Hunt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susannah Dickey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. F. Howard Smith

(Address) 2453 Md. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemy. Date 12/6/33 19

19. UNDERTAKER [illegible]

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/3/33 . 19 . to 12/4 . 1933

I last saw her alive on 12/3 . 1933 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardetis	3 yr
arteriosclerosis.	yr
chronic nephritis	yr

Other contributory causes of importance:

Asthenia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walton Winslow . M. D.

(Address) 1900 Mt. Royal Ave.

V 5 3

I.—WRITE PLAINLY, with ink or indelible pencil. All the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 95988 E 95988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Arlington Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew N. Sapp

(a) Residence: No. 602 Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Sapp

6. DATE OF BIRTH (month, day, year) Sept. 4-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Andrew N Sapp

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Sarah J Hutton

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mollie Bowers

(Address): 602 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: 12/8 193

19. UNDERTAKER: Lucian Cook

(Address): 217 St Paul St

20. FILED: Huntington Williams M.D.

DEC 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 4 1933

I last saw him alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Congestion of Lungs	11/4/33
Mental Regurgitation	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Graham A Peel M. D.

(Address) 1501 Eden St

INSTRUCTIONS—PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

M. D. B. E 95989

E 95989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 W. Mulberry St. 20-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret K. Pyle

(a) Residence: No. 1933 W. Mulberry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frank M. Pyle

6. DATE OF BIRTH (month, day, year) June 16th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John M. Heinlein

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret K. Geissel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lula Heinlein

(Address) 135 W. Clements st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 6th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

DEC 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21 1933 to Dec 4 1933

I last saw her alive on Dec 3 1933. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	7/21/33
Other contributory causes of importance:	
Arterio-Sclerosis	1932

Name of operation " Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? " Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M A O'Neill M. D.

(Address) 108 N. Fulton Ave

S. B.—Physicians should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

Spec. 2-29-28—M. F. S. Form

E 95990 Siegel E 95990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3230 Foster Ave ST., 26 WARD)

2—FULL NAME William Seigel

(a) RESIDENCE NO. 3230 Foster Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schultz

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76,	2.	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Retired

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R. Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Seigel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mrs Anna Smith.

(Address) 3230 Foster Ave

15 Filed DEC 6 - 1933 Wilmington, Delaware, N.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3. 1933.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1933, to Dec 3, 1933.

that I last saw h alive on Dec. 3, 1933.

and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Abscess of Lung. Mal. of B.

Arteriosclerosis - Generalized

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos J. A Stevens, M. D.

12/4 1933 (Address) 2878 Hartford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Dec. 7 1933

20 UNDERTAKER Chas. L Storup

ADDRESS 1550 E Fort

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 2508

E 95991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95991

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital 133

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Rosalie Spillman

(a) Residence: No. 2432 Fait Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Spillman.

6. DATE OF BIRTH (month, day, year) Estimated

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Adams
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Jarrett
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr James Spillman
(Address) 1501 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 8 1933

19. UNDERTAKER Chas. J. Young
(Address) 1501 E Fort Ave

20. FILED DEC 8-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-3 1933 to 12-5 1933
I last saw her alive on 12-5 1933 death is said to have occurred on the date stated above, at 4:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Cystitis	11-23-33
Bilateral Pyelonephritis	?
" Hydronephrosis	?
Post Partum	
Other contributory causes of importance:	
Uremia Albuminuria	?
Bronchopneumonia	12-3-33

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, In home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raul S Hill (resident) M. D.
(Address) South Balto Gen. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95992

CERTIFICATE OF DEATH

95992

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5916 Ludonia ave. St., 27-01 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank L. Ratt

(a) Residence: No. 5916 Ludonia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta F. Ratt

6. DATE OF BIRTH (month, day, year) Aug 28/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME — Ratt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Feldhausen

(Address) 5916 Ludonia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lawn Date Dec 7 1933

19. UNDERTAKER Philip Henry Sons

(Address) 2046 Pulaski Hwy

DEC 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to December 3, 1933.

I last saw him alive on December 3, 1933. Death is said to have occurred on the date stated above, at 11 45 a. m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	2 years
Pulmonary Edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jos L. Valentine M. D.

(Address) 1420 Broadway

V S 3

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-0

95993

HEALTH DEPARTMENT—CITY OF BALTIMORE

95993

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH 834 N. Washington St.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 33 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Levy

(a) Residence: No. 834 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Levy

6. DATE OF BIRTH (month, day, year) Oct. 23. 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9 N. Hosp.

10. Date deceased last worked at this occupation (month and year) 3 1933

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Austro-Hungaria

FATHER

13. NAME Jos Oswald

14. BIRTHPLACE (city or town) (State or country) Austro-Hungaria

MOTHER

15. MAIDEN NAME Maria Singer

16. BIRTHPLACE (city or town) (State or country) Austro-Hungaria

17. INFORMANT Frances Lansburg

(Address) 506 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Dec 8 1933

19. UNDERTAKER August Posek

(Address) 2406 Eastern Ave

20. FILED DEC 6 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. V 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Dec V 1933

I last saw h.r alive on Dec V 1933. Death is said to have occurred on the date stated above, at 11 19 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	11/24/33
Other contributory causes of importance: carcinoma of breast	V/1/33
carcinoma	

Name of operation ..... Date of .....

What test confirmed diagnosis? physical finding Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. C. Gobat, M. D.

(Address) 147 N. Linwood Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. 84—500 M. E. 95994

E 95994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95994

v 23

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Chesapeake St. 25-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha E. Robinson

(a) RESIDENCE NO. 1804 Chesapeake ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of single

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Charles Robinson

(Address) 1804 Chesapeake St

15 Dec 6 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2, 1933

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Dec 2, 1933, that I last saw h[illegible] alive on Dec 2, 1933 and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

following Influenza

Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension Heart Disease

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas J McDonald, M. D.

, 19 (Address) 900 N Washington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Dec 6 1933
20 UNDERTAKER Mrs J. S. Locke	ADDRESS 1002 Jefferson

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

95995

CERTIFICATE OF DEATH

V 104-66 E 95995

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderian Hosp St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Bernice Koppelman (KOPPELMAN)

(a) Residence: No. 1712 Warwick Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	14	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... School. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Abraham B. Koppelman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sophie Dorman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham B. Koppelman
(Address) 1712 Warwick Av

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Wash. Blvd Date 12-6- 1933

19. UNDERTAKER Jos. Levin Inc
(Address) 1439 E. Balto. St.

DEC 6 - 1933

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to Dec 6, 1933

I last saw h[illegible] alive on Dec 6, 1933. Death is said to have occurred on the date stated above, at 3:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	
Other contributory causes of importance: Chronic Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Lechanger M. D.

(Address) Lyderian Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95996

CERTIFICATE OF DEATH

V 160-002

1. PLACE OF DEATH

CITY OF BALTIMORE (No. ST. JOSEPH'S HOSPITAL ... St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Female Infant Kwolowski

(a) Residence: No. 619 South Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 1 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Frank Kwolowski

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Sophie Zisk

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Frank Kwolowski
(Address) 619 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Dec 6, 1933

19. UNDERTAKER John M Welbes
(Address) 401 S. Chester St

FILED DEC 6 - 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1933, to December 5, 1933

I last saw her alive on December 5, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Intracranial hemorrhage	
2. Immature Implantation	
3. Premature Labor	

Other contributory causes of importance:

1. Prolonged labor.	

Name of operation Version & Extraction Date of 12-5-33

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H H Mayerhoffer M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95997

V 48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Washington Blvd St. | Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Moog

(a) Residence: No. 721 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Moog.

6. DATE OF BIRTH (month, day, year) Jan 27 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y. City

FATHER

13. NAME Joseph Jacobson

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Virginia Carey.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Robert Moog (Address) 721 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Dec 7 1933

19. UNDERTAKER Mr & Mrs. John M Penfold & Son (Address) 801 W. Fayette St

20. FILED DEC 6 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to Dec 5 1933

I last saw her alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance are as follows:

Acute Cardiac Dilatation — Date of onset 4/25/33

Other contributory causes of importance: Uterine Uterine Fibroid Tumor — about 6/1/33

Name of operation Laparotomy — Date of 9/22/33

What test confirmed diagnosis? Surgical — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. Hawkins M. D.

(Address) E. Hendell

N. B.—WRITE PLAINLY, WITH INK AND IN FULL. The information called for MUST be given. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 95998 E 95998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital Registered No. V 159
CITY OF BALTIMORE: (No. Baltimore Maryland St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME BABY BOY COCHRANE
(a) Residence: No. Port Republic Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of New Born

6. DATE OF BIRTH (month, day, year) DECEMBER 3, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		14 HOURS	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hospital Baltimore Maryland

FATHER
13. NAME Norman Ford Cochrane
14. BIRTHPLACE (city or town) (State or country) Friendship Maryland

MOTHER
15. MAIDEN NAME Evelyn Janet Scott
16. BIRTHPLACE (city or town) (State or country) Chesapeake Beach Maryland

17. INFORMANT Norman Ford Cochrane
(Address) Port Republic Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Annie Arundel Co Md Date 12/6/33 19

19. UNDERTAKER [illegible]
(Address)

20. FILED DEC 6 1933 Huntington Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DECEMBER 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 3, 1933 to DECEMBER 4, 1933
I last saw HER alive on DECEMBER 4, 1933 Death is said to have occurred on the date stated above, at 5.09 A.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Prematurity 28 weeks

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 95999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95999

V 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 413-E. 21½ St., (12th Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Lewis

(a) Residence: No. 413-E-21½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced WIFE of James Lewis

6. DATE OF BIRTH (month, day, year) [illegible] 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Mottley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nalley Candy.

16. BIRTHPLACE (city or town) (State or country) Gedieville Va.

17. INFORMANT James. Lewis.
(Address) 413-21½ St.

18. BURIAL, CREMATION, OR REMOVAL
Place Jeffersville Ind & Va Date Dec 6. 1933

19. UNDERTAKER Wm Robert Elliott
(Address) 413 Eastern Ave

Filed DEC 6 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) B. of Lungs.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) John A. Thomas M. D.
Coroner

(Address) 962 Holland

M. D. B. 1268-9

E 96000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 11-001

1. PLACE OF DEATH Church Home & Inf. Hospital

CITY OF BALTIMORE: (No. 6-01 St., Ward)

Registered No. E 96000

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Warner R. Grimm

(a) Residence: No. 728 E Street St., Ward. Conway St. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelem Steel Co.

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Maryland

FATHER

13. NAME Spencer R. Grimm

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Etta Grimm Warner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Wm Warner

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Park Wood Date Dec 8 1933

19. UNDERTAKER John F Denny

(Address) [illegible]

20. F[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 1933 to Dec 5 1933

I last saw him alive on 12 - 5 1933 Death is said to have occurred on the date stated above, at 4:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	
Complete Thoracoplasty	

Other contributory causes of importance:

Cardiac failure
Pulmonary edema

Name of operation Thoracoplasty Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Hasler Jr. M. D.

(Address) Church Home Hosp.

E. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A [illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 6 1933

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 13th DAY August

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH E92966 Aug 19, 1933 AND

ENDING WITH #E96000 Dec 6, 1933 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

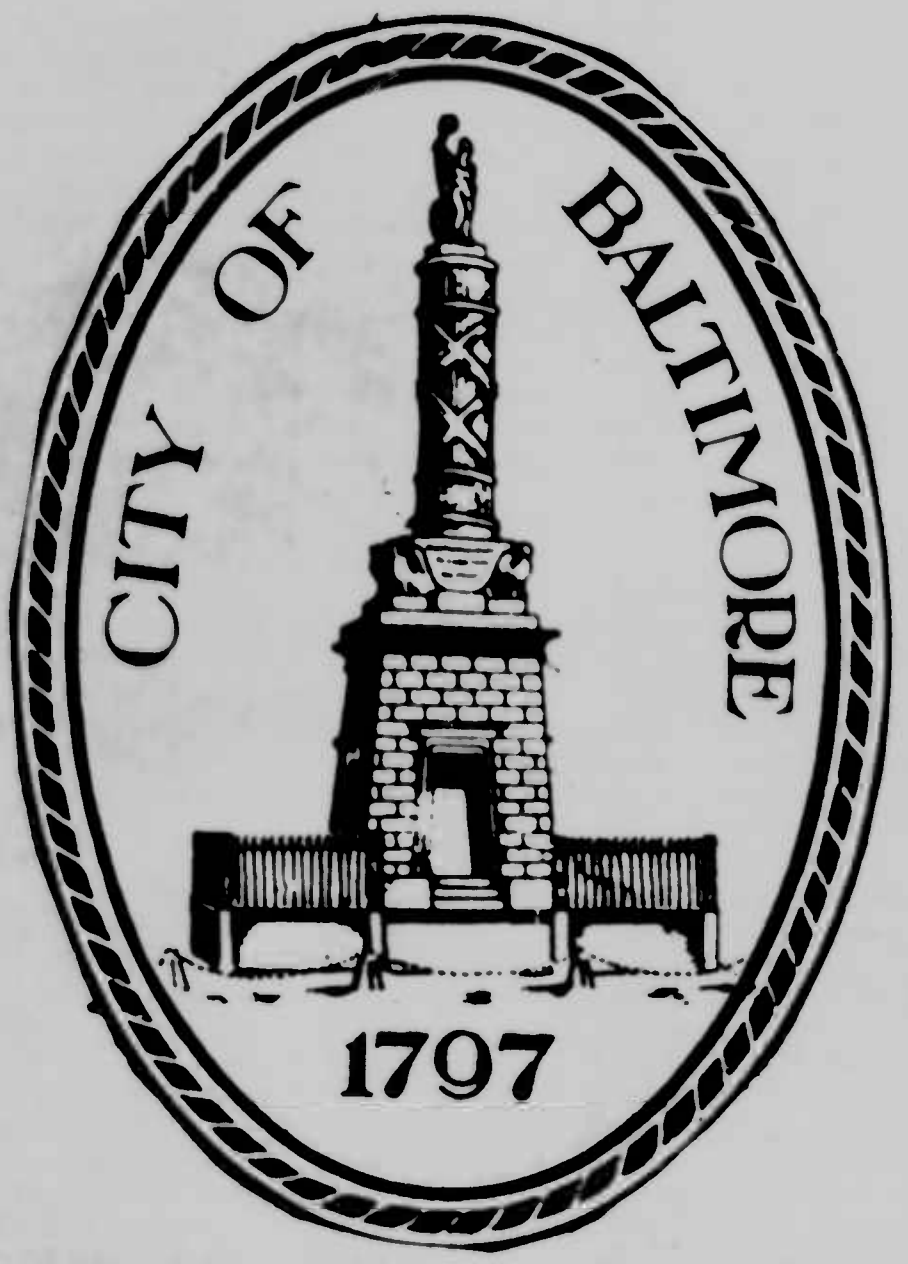
BUREAU OF Municipal Securities AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL